Chiropractic Works Wellness Center

| our head? Breast fe bod sickness? Have an Take any surgery? Bullied b bwn stairs? Child Ab | ed, you were given a prtunately, your health expression care, we will work to the quality of life your health expression care. |
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| Yes No Reason It does not you. When you were create so live an active healthy life. Unformallenges that cause a disruption to you ifetime involvement in chiropractice alth expression so that you can live It hand Development Did you ever O care for your spine? In Fall out of the production of the pro | ed, you were given a prtunately, your health expression care, we will work to the quality of life your health expression of bed? yed? yed? yed? yed? yed? yed? yedrugs? yedrugs? yeyyour siblings? |
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| at so are you. When you were created is to live an active healthy life. Unfowallenges that cause a disruption to you ifetime involvement in chiropractice alth expression so that you can live with and Development. Did you ever O care for your spine? Our head? Out head? Ou | ed, you were given a prtunately, your health expression care, we will work to the quality of life your health expression care. |
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| Did you ever o care for your spine? our head? ood sickness? ny surgery? ile learning to walk? wn stairs? out to be a continuous and the | eed? □ y accidents? □ y drugs? □ y your siblings? □ use □ |
| o care for your spine? our head? our head? head? | eed? □ y accidents? □ y drugs? □ y your siblings? □ use □ |
| nal information: | |
| nai information: | |
| | |
| | |

| Current Heath Con Present complaint, rea | | ur visit: | | | | | |
|--|---------------------------|-------------------|----------------------------|---------------------------|--------------|--|--|
| When did your pain or | condition | start? | Is | it getting: I | Better □ | Worse □ Sam | ne 🗅 |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | er |
| Other Doctors seen fo | _ | • | | - | | - | |
| | | | | | | | |
| Any home remedies? | | | | | | | |
| Other Symptoms: | | | | | | | |
| Headaches | 🛭 Dizzir | iess | □ Cold Sweats | | □ Dep | ression | ☐ Fever |
| □ Neck Pain | □ Face | Flushed | □ Loss of Smell | | 🗅 Ligh | t Bothers Eyes | □ Fainting |
| ☐ Sleeping Problems | □ Neck | Stiff | ☐ Loss o | f Taste | ☐ Loss | of Memory | □ Fatigue |
| ■ Back Pain | ☐ Pins/N | Needles Legs | Stomach Upset | | ☐ Buz: | zing in Ears | □ Tension |
| □ Low Back Pain | ☐ Pins/N | Needles Arms | ☐ Feet Cold | | ☐ Cold | l Hands | □ Irritability |
| □ Chest Pains | ☐ Numb | ness, Fingers | □ Numbr | ness, Toes | ☐ Sho | rtness of Breath | Constipation |
| ☐ Loss of Balance | ☐ Conc | ussion | □ Nervousness | | ☐ Othe | er | |
| What medications are | you curre | ntly taking? | | | | | |
| List Surgeries: | | | | | | | |
| Side effects have you | experience | ed from any dru | igs or surg | eries? | | | |
| Is there any family hist | tory of the | following: | | | | | |
| Heart | Disease | Arthritis | Cancer | Dial | betes | Other | |
| Father' Side | | | | | | | |
| Mother's Side | | | | | | | |
| that are available to yo your family be as hea | u. Chiropr althy as po | actic Active Life | e Plans are se review t | designed to he explana | help get you | ou feeling better of hiropractic Activ | nt types of Active Life Plans quickly and to help you and e Life Plans prior to you reaching all of your health |
| Health Index: | | | | | | | |
| How would rate your c | urrent hea | lth? | | | | | |
| 1 2 | 3 | 4 5 | 6 | 7 8 | 3 9 | 10 | |
| Near death | | | | | | Healthy | |
| Where would you like | to be? | | | | | | |
| 1 2 | 3 | 4 5 | 6 | 7 8 | 3 9 | 10 | |
| Near death | | | | | | Healthy | |
| As a result of my chi | ropractic | care, I would I | like to: | | | | |
| Please check all that | apply: | | | | | | |
| ☐ Feel better | quickly | | □ Elimina | ate my pain | /symptoms | ☐ Corr | ect the cause of |
| □ Have a hea | | healthier life | | | my condition | | |
| | - | | | | = | 10 is Totally com | mitted to getting healthy) |
| | C: t | | | | | | - |
| Signature | | | | | | Date | |