Educating and Empowering Families to
Maximize their Life's Potential

PATIENT APPLICATION FORM

WELCOME TO OUR OFFICE. We specialize in assisting our patients to achieve their highest level of health through our spinal and postural corrective programs. Our approach is very unique and advanced from other rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept. Please feel free to ask any questions if you need assistance. We look forward to helping you achieve maximum health!

Patient Signature ____________________________________ Date: _______________

PATIENT APPLICATION SURVEY

Date: _______________

Name: ____ Home Phone: ___________________________

Address: ____ Work Phone: ___________________________

City, State, Zip: ____ Cell Phone: ___________________________

Email Address: ____

Would you like to receive our weekly health tips via email? Yes No

Birth Date: _________________ Age: ________ SSN: _____________________ Marital Status: S M D W

Occupation: _______________________ # of Children: _______ Spouse's Name: _________________________

How were you referred to our office?: ____

PURPOSE OF THIS VISIT

Reason for this visit - Main Complaint: ____

____

Is the reason for this visit related to an auto accident/work injury? ☐Yes ☐No If yes; date of accident: ________

When did this condition begin? ______________ Did it begin: ☐Gradual ☐Sudden ☐Progressive over time

What activities aggravate your symptoms? ____

Is there anything that has relieved your symptoms? ____

Type of pain: ☐Sharp ☐Dull ☐Ache ☐Burn ☐Throb ☐Spasm ☐Numb ☐Tingling ☐Shooting

Does the pain radiate into your: ☐Arm ☐Leg ☐Does not radiate Is this condition getting worse? ☐Y ☐N

How often do you expereience these symptoms throughout the day? ☐100% ☐75% ☐50% ☐25% ☐10% ☐Only With Activity

Does the complaint interfere with: ☐Work ☐Sleep ☐Hobbies ☐Daily Routine ☐Other: __________________

Have you expereienced this condtion before? ☐Yes ☐No If so, please explain: ___________________________

Who have you seen for help with this condition? ____

What treatment did you receive? ___________________________ How did you respond? ____________________

Please list any other health symptoms or complaints: ____

____

Please list the medications you are currently taking and their purpose: _________________________________

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____

Please list all past surgeries: ____

Please list all previous accidents and falls: ____

Spinal health is especially important during pregnancy; is there **any chance** that you are pregnant? ☐Yes ☐No

Have you ever been diagnosed with cancer? ☐Yes ☐No Type: ______________ Year Diagnosed: ___________

HEALTH LIFESTYLE

Do you exercise? Y N How often? 1x 2x 3x 4x 5x per week Other: ____________________

What activities? ____________________

Do you smoke? Y N How much? ____________________

Do you drink alcohol? Y N How much/week? ____________________

Do you drink coffee? Y N How many cups/day? ____________________

Do you take any supplements? (vitamins, etc.) ____________________

HEALTH CONDITIONS: Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted even slightly from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called subluxations. It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine, weakening the entire body).

Please check any health conditions you may be experiencing now, or in the past:

CERVICAL SPINE (NECK):
Postural distortions from subluxations in your neck will weaken the nerves in your arms, hands, and head affecting these parts of your body. Do you experience:

- Neck pain
- Headaches
- Sinusitis
- Arm/shoulder/hand pain
- Dizziness
- Allergies/hay fever
- Numbess/tingling in arms/hands
- Visual disturbances
- Recurrent colds/flu
- Hearing disturbances
- Coldness in hands
- Low energy/fatique
- Weakness in grip
- Thyroid conditions
- TMJ/pain/clicking in jaw
- Other ____________________

THORACIC SPINE (UPPER BACK):
Postural distortions from subluxations in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience:

- Heart palpitations
- Recurrent lung infections/bronchitis
- Asthma/wheezing
- Heart murmurs
- Shortness of breath
- Pain when taking a deep breath
- Tachycardia
- Heart attacks/angina
- Upper back/shoulder pain
- Other ____________________

THORACIC SPINE (MID BACK):
Postural distortions from subluxations in the mid back will weaken the nerves to your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience:

- Mid back pain
- Nausea
- Ulcers/gastritis
- Pain into ribs/chest
- Indigestion/heartburn
- Hypoglycemia
- Reflux
- Tired/irritable after eating or when you haven't eaten for a while
- Other ____________________

LUMBAR SPINE (LOW BACK):
Postural distortions from subluxations in the low back will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience:

- Pain in hips/legs/feet
- Weakness/injuries in hips/knees/ankles
- Low back pain
- Numbness/tingling in legs/feet
- Recurrent bladder infections
- Constipation/diarrhea
- Coldness in legs/feet
- Frequent/difficulty urinating
- Sexual dysfuction
- Muscle cramps in legs/feet
- Menstrual irregularities/cramping (females)
- Other ____________________

Please list any health conditions not mentioned: ____________________

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