WELCOME TO INNATE FAMILY CHIROPRACTIC!

Please fill out this form as completely and accurately as possible.
All the information requested below is necessary for us to serve you the best way possible.

Personal Information

Patient name_____Date_____
Address_____City_____Zip_____
Date of birth_____Email_____
Home phone_____Cell Phone_____
Occupation_____Employer_____
Employer Address_____Business Phone_____
Emergency Contact_____Phone_____
Whom may we thank for your referral?_____
What can Innate Family Chiropractic help you with?_____

_____

_____

_____

_____

Have you ever received chiropractic care? Y N If yes, with whom?_____
Date of last visit_____Why did you stop care?_____
Why did you seek chiropractic care in this office? Wellness, crisis, pain, or all? _____

_____

_____

Current Health Profile

Please mark an "X" for current condition or an "O" for past condition.

_____ Allergies	_____ Asthma	_____ Cancer	_____ Constipation/Diarrhea
_____ Depression	_____ Diabetes	_____ Digestive problems	_____ Fatigue
_____ Headaches	_____ High blood pressure	_____ Heart problems	_____ Menstrual problems
_____ Sinus problems	_____ Sleep deprivation	_____ Swollen joints	_____ Other

Please explain any other conditions _____
Please list any current medications or drugs _____

_____

Please describe any adverse reactions to medications, vaccinations or surgeries _____

_____

_____

Please list any vitamins, supplements, herbs, homeopathic, etc_____

_____

_____

Chiropractic, Your Nervous System, & Life

The human body is designed to be healthy. The primary system in the body which coordinates health is the NERVOUS SYSTEM.
The bones of the spine, called vertebrae, surround and protect the delicate NERVOUS SYSTEM.
Physical, emotional, and chemical stresses, common to our contemporary lifestyle, can result in misalignment to the spinal column as well as damage the delicate NERVOUS SYSTEM. The result is a condition called a Vertebral Subluxation. The chiropractic exam/evaluation determines if your spine shows signs of the Vertebral Subluxation process. Physical, chemical, and emotional issues may cause Vertbebral Subluxations in your spine. The remainder of the intake form addresses the possible situations that may cause Vertebral Subluxation in your spine.

Physical Causes (Birth to Present):

The birth process can traumatize a baby's spine and cause damage to the nervous system. Please indicate, to the best of your knowledge, your birth experience.

Pregnancy or Birth Complications (circle) Yes No If yes, please explain _____

Birth intervention (circle): Forceps | Vacuum Extraction | Cesarean | Induction | External Cephalic Version

Birth until now: The information below will help us to see the types of physical stresses that you have been subjected to and how they may relate to your present health status.

Have you experienced any of the following:

_____ Automobile accident _____ Broken bones _____ Bicycle accident _____ Strains/Sprains

_____ Sports injury _____ Hospitalizations _____ Serious falls _____ Unconsciousness

If yes to any above, please list date and explain _____

_____

_____

Chemical Causes:

Chemical causes of vertebral subluxation occur due to any substance that is breathed, injected, taken by mouth, or placed onto the skin that is toxic to the body. These include food allergies, drug reactions, exposure to chemicals in the air, etc. The following questions will give insight into the chemical exposures you may have experienced.

Do you smoke? Yes No

Food/drink intolerances, allergies, or sensitivities _____

_____

_____

_____

How often do you take antibiotics? (i.e. once/twice a year, etc) _____

Have you been exposed to any of the following on a regular basis?

_____ Toxic chemicals _____ Drugs (prescribed or not) _____ Second hand smoke _____ Other

Do you ingest sugar in the form of candies, sweets, or soda?	Yes	No
Do you ingest artificial sweeteners like Splenda or diet sodas?	Yes	No
Do you ingest cereals, white breads, and pastas?	Yes	No
Do you live/have you lived on or near farmland?	Yes	No

Emotional Causes:

It is difficult to separate emotional stress in our life with the physical response that often occurs in our bodies. The following are often the most frequent emotional causes of subluxation. Please indicate if you have experienced any of them:

_____ Childhood trauma _____ Work/School stress _____ Lifestyle change

_____ Loss of loved one _____ Divorce/separation _____ Parent's divorce

_____ Physical/Emotional Abuse _____ Financial _____ Illness

Do you have difficulty concentrating?	Yes	No
Do you often feel overwhelmed and stressed?	Yes	No
Are you confident in social settings?	Yes	No

Thank you for choosing Innate Family Chiropractic!

We look forward to helping you and your family live at your full potential!

INNATE
FAMILY CHIROPRACTIC

Consent to Care

When a person seeks Chiropractic care, and we accept a person for care, it is essential for both to be working towards the same goals. Chiropractic has a specific goal to remove subluxation (nerve interference) from the spine. Removing subluxation through specific adjustments allows the body to function at its optimal potential. The three causes of subluxation are physical stress, chemical stress, and emotional stress.

Our focus in this office is checking the spine for vertebral subluxation, giving specific adjustments when necessary, and promoting optimal function for each individual we take care of. We do not offer to diagnose or treat disease. However, if we encounter non-chiropractic or unusual findings we will inform you. If you desire advice, diagnosis or treatment for those findings we recommend that you seek another healthcare provider.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. Our practice objective is to locate, analyze and correct subluxation through specific adjustments while helping individuals, couples, and families live at their full potential.

I,_____have read and fully understand the above statements.
(Print Name)

All questions regarding the chiropractor's objective to my care in her office have been answered to my complete satisfaction. I therefore accept care on this basis.

_____

Signature Date

X-RAY Questionnaire: FOR WOMEN ONLY

Our consultation and examination may indicate that x-rays are necessary to accurately diagnose and analyze your spinal condition. Should x-rays be necessary, we would like to confirm that you are not pregnant at this time.

- ☐ There is a possibility that I may be pregnant at this time
- ☐ Yes, I am definitely pregnant
- ☐ No, I am definitely not pregnant at this time
- ☐ I request x-ray films not be taken because_____

Date of last menstrual period _____

_____

Signature Date

Consent to Evaluate and adjust a Minor Child

I _____being the parent or legal guardian of _____

Have read and fully understand the above terms of acceptance and herby grant permission for my child to receive chiropractic care.

_____

Signature Date