

General Information



Name _____ Birth Date ___/___/___ Today's Date ___/___/___

Address _____ City/State/Zip _____

Age _____ Home # _____ Work # _____ Cell # _____

Best phone: Home ___ Work ___ Cell ___ Email: _____

Occupation _____ Employer _____

Relationship Status: *Single* *Married* *Partner* Children: *Yes* *No*

How did you find us? Who can we thank for referring you? _____

If using another family member's health insurance, please list the *policy holder's full name and date of birth*:

Please indicate if you are here for one of the following: _____ Car Accident _____ Work Injury

Health and Lifestyle Profile

What is your reason for seeking services here? _____

Do you have any other health concerns? _____

What do you believe is causing your health issue? _____

What would you like to receive from your visit with us? _____

Please briefly describe your food and fluid intake. Any supplements? _____

Do you exercise? What do you do and how often? _____

How many hours do you sleep/day on average? Do you feel rested? _____

Describe briefly the quality of your family relationships. _____

How satisfied are you with your work or daily activities? _____

What do you do for play, relaxation, or fun? _____

Please list any prescription or over-the-counter drugs. _____

Is there anything else you wish to share that may help to better understand you? _____

Please indicate if you are experiencing any of the following conditions:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Eczema | <input type="checkbox"/> HIV | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Emphysema | <input type="checkbox"/> IBS | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney Inf. | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Cancer | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Gout | <input type="checkbox"/> Migraines | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Cholesterol concern |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Thyroid issue | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Prostate issue | <input type="checkbox"/> Hormonal Imbalances |
| <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Ringing in Ears | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anxiety | <input type="checkbox"/> ADD | <input type="checkbox"/> Numbness in Arms or Legs |
| <input type="checkbox"/> Other conditions or previous surgeries: _____ | | | |

Explanation of Care

Please read the following statements to acknowledge that you understand our services and objectives

-Thrive Chiropractic Center exists to make a positive contribution in the lives of people, by assisting them to express and experience more health and vitality in their bodies and in their lives.

-Chiropractic is a science and healing art focused on the relationship between structure, primarily of the spine, and function, primarily of the nervous system.

-The nerve system is used for the transfer of vital information essential for all human works—from bodily functions to emotions, creativity, performance, perception and expression. The nerve system is our link between the inner and outer world and consists of the brain, spinal cord, nerves, and neurotransmitters. All cells of the body are regulated through the nerve system.

-The function of the nervous system affects the health of the body. Health is a state of optimal physical, mental and social well-being, not merely the absence of disease or infirmity.

-A misalignment of structures in the spine can cause changes in nerve function and interference in the communication system within the body. This condition results in a lessening of the body's innate ability to express its maximum health potential.

-The chiropractic adjustment is a specific application of forces, by hand or instrument, to correct misalignments. The adjustment can help restore and enhance the full function and communication within your body, from the brain to every organ, tissue and cell.

-The primary objective of Thrive Chiropractic Center is to help people achieve greater levels of well-being, independent of any symptom(s) or condition(s) they may or may not be experiencing. We practice the art of living well. If you become concerned about symptoms or conditions, we suggest you seek the care of a medical professional who specializes in the diagnosis and treatment of disease and symptoms.

-I understand my right to be informed about the condition of my health and the care options available and that it is my choice to accept or decline chiropractic care. I understand that I am responsible for payment at the time services are rendered.

I have read and understand the above statements. I choose for myself, and any family members under 18 years old listed below, to be served at Thrive Chiropractic Center in accordance with the above care agreement.

Signed _____ Date ____/____/____