CHIROPRACTIC INTAKE & HISTORY

Patient Name	e	Notae 2			Employe	r / School			
5:	New Addition of the Control of the C	LAST N		277	Occupat	ion			
Address	FIRST NAME		MIDDLE	NITIAL	Spouse's	s Name			
City			State		Spouse's	s Employer			
0.888.574.08						s Occupation			
Email						OF EMERGENCY			
	□ F	Birthday							
		1123				ship			
☐ Married	☐ Widowe	65 Alexan		Minor		Number			
	Divorce		Partnered	- 17111101		y we thank for refe			
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HOW C	AN WE HE	LP YO	10000						
What brings	you in today? _								
If you are alre	eady experiencin	g a sympto	m, what is it?						
	t? How intense a			SYMPTOMS	1 2	3 4 5	6 6		INTENSE YMPTON
What does it	t feel like? (checl	k where api	propriate)) A A \) / / /		
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MATURE DEATH				(FALS	E WELLN	NESS)				V	/ELLNESS
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DISTANT		D00D UE						OB 11541 51	.	0.071	
DISEASE Multiple medications		Sympto	oms	No	NEUTRAL o symptom	าร	Reg	OD HEALTH ular exercis	е	100	MAL HEALTH)% function
Poor quality of life Potential becomes limited		Drug the Surge	ry	Exer	ion inconsi rcise spora	adic	Wellr	od nutrition less educati	on	Active	ous developmer participation
Body has limited function	Los	sing norma	Il function	Health r	not a high	priority	Minimal	nerve interfe	rence	Well	ness lifestyle
n the arrow diagram abo	ove:										
A. What number do you	think repr	esents yo	our health to	oday?							
B. In what direction is yo											
hat are your health goals		,									
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SHORT TERM											
LONG TERM _											
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OHILDREN & Plant of the property of the proper	u have? _				. 1	Number o	of past preg	nancies?			am due
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