HAMBY CHIROPRACTIC & WELLNESS

Patient Application

Date: _____/_____/_____

First Name: _____ M. I.: ___ Last Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Cell Ph: _____ Work / Other Ph: _____

Email: _____ Gender: M F Age: _____

Birth Date: _____/_____/_____ SSN#: _____-_____-_____ Marital Status: S M LS D W

Occupation: _____ Employer: _____

Spouse Name: _____ Ph: _____

How did you hear about us? _____

CHIROPRACTIC EXPERIENCE

Have you seen a Chiropractor before? **YES NO** When? _____

Reason for previous chiropractic care? _____

How did you respond to care? _____

Have you had X-rays, MRI, CT-Scan? **YES NO** Where? _____

PURPOSE FOR THIS VISIT

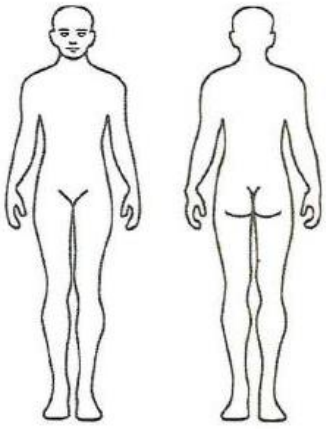
Reason for this visit: _____

Describe your symptoms: _____

Describe the pain: _____

How intense are your symptoms: *No Symptoms* **0 1 2 3 4 5 6 7 8 9 10** *Intense Symptoms*

Please circle areas on the diagram where you have pain or other symptoms:



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 those vertebrae are twisted from their normal position, they 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 effects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting at the neck and progressively moving down your spine weakening the entire body). Please check all health condition(s) that you may be experiencing now or have experienced in the past.

Cervical Spine (Neck): Postural subluxations in your neck will weaken the nerves into your arms, hands, and head affecting the following areas of your body. Are you experiencing any of the below symptoms?

__ Neck Pain __Headaches __Sinusitis __Dizziness __Allergies __Allergies __Recurrent colds

__Pain in shoulders/arms/hands __Numbness tingling arms/hands __Low energy/Fatigue

__Weakness in grip __Thyroid conditions __TMJ Pain/Clicking __Coldness in hands

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Thoracic Spine (Upper Back): Postural distortions from subluxations in your upper back will weaken the nerves to the heart and lungs affecting the following areas of your body. Are you experiencing any of the following symptoms?

__Upper back pain __Pain on deep inhaling or exhaling __Shortness of breath

__Asthma/Wheezing __Recurrent lung infections/bronchitis

Thoracic Spine (Mid Back): Postural distortions from subluxations in the mid back will weaken the nerves in your ribs/chest and upper digestive tract, affecting the following areas of your body. Are you experiencing any of the symptoms?

__Mid back pain __Nausea __Pain into your ribs/chests __Ulcers/Gastritis __Reflux

__Indigestion/Heartburn __Tired or irritable after eating or hungry __Shortness of Breath

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Lumbar Spine (Low Back): Postural distortions from subluxations in the low back will weaken the nerves in your legs/feet and pelvic organs, affecting the following areas of your body. Are you experiencing any of the following symptoms?

__Low back pain __Pain in your hips/legs/feet __Numbness/tingling in legs/feet

__Coldness in legs/feet __Muscle cramps legs/feet __Weakness/injuries in your hips/knees/ankles

__Muscle cramps in legs/feet __Menstrual irregularities/abnormal cramping

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Symptom Details

1. When did you first notice your symptoms: _____
2. Is this condition getting __ better __worse __staying the same?
3. Is this condition __ Constant __Comes & Goes __Activity Related
4. Does it interfere with __Work __Sleep __Exercise __Hobbies __Daily Routine __Self-Care

   _____
5. What activities aggravate your symptoms? _____
6. Is there anything that relieves your symptoms? **YES NO** Explain: _____

   _____
7. Have you experienced this condition before? **YES NO** Explain: _____

   _____
8. Have you seen anyone for this condition? **YES NO** If so, what did they do? _____

   _____
9. How did you respond? _____
10. Are you aware that poor posture has a negative impact on your health? **YES NO**
11. Have you noticed that you carry your head forward or that your shoulders are rounding? **YES NO**
12. Are you aware of any poor posture habits you may have? **YES NO**
13. If YES, explain? _____
14. Please list any health conditions not mentioned: _____

    _____
15. Please list any supplements (i.e. vitamins, minerals, herbs): _____

    _____
16. Please list any medications and surgeries: _____

    _____

Health Goals

1. When do you expect to get relief? _____

   _____
2. When do you expect complete resolution/results? _____

   _____
3. What do you think would happen with your condition if you do nothing? _____

   _____
4. What do you want? Do you want: ***To be healthier*** OR ***Just not in pain***
5. What do you think would happen with your condition if you do nothing? _____

   _____

Signature of Patient / Guardian: _____ Date: _____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Ph: _____