

WELCOME TO ACTIVE HEALTH 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.

Today's Date _____

PERSONAL DATA

Name _____ Age _____ Date of Birth _____

Parents' names (if you are under 18) _____

Home Address _____ City _____ State _____ Zip _____

Home phone (____) _____ E-mail address _____

Cell phone (____) _____ Employer/School _____

Occupation _____ Emergency contact and phone _____

Marital Status S M D W L/W Name of Spouse _____

Names and Ages of Children _____

Most of our patients are referred to us by a caring family or friend. Whom may we thank for referring you to our office, or how did you hear about us? _____

REASON FOR SEEKING CHIROPRACTIC CARE

What concerns do you feel Active Health Chiropractic can address for you? _____

Is this concern affecting your quality of life? (Please circle only those applicable to you)

Work:	Y	N	Recreation:	Y	N	Sleep:	Y	N
School:	Y	N	Walking:	Y	N	Sitting:	Y	N
Exercise/sports	Y	N	Eating:	Y	N	Love life:	Y	N

HEALTH CARE PRACTITIONER HISTORY

Have you ever received Chiropractic care? Y N With whom _____

How long under care? _____ Date of last visit: _____ Why did you stop? _____

Was there a particular health concern for which you consulted the chiropractor?

Have you consulted or do you regularly consult any of the following care providers? (check all that apply)

- Medical Physician Naturopath Acupuncturist Homeopath
 Massage Therapist Psychotherapist Physical Therapist Dentist

Reason why: _____

FOR WOMEN

Spinal health is especially important during pregnancy. Are you pregnant? Y N

Date of last menstrual period: _____

If pregnant, what is due date/week? _____ Name of OBGYN or Midwife _____

Where will you be birthing your baby? Hospital Home Birthing Center Other _____

XX

HEALTH, WELLNESS AND CHIROPRACTIC CARE

The human body is designed to heal itself and be healthy. The primary system in the body which coordinates health is the NERVE SYSTEM. The vertebrae, (bones of the spine) surround and protect your delicate nerve system.

Physical, emotional and chemical stresses, common to our contemporary lifestyles, can result in dysfunction of the areas involving and surrounding the nervous system. The result is a condition called Vertebral Subluxation. The Chiropractic Exam/evaluation determines if your spine shows signs of the Vertebral Subluxation process.

Your mind, body, and spirit all contribute to your overall health. There may be seemingly insignificant events that are contributing to today’s picture of you. Please answer the following to the best of your ability. We will discuss this during the consultation.

HISTORY OF PHYSICAL STRESSES (Birth to Present)

The birth process can traumatize a baby’s spine and cause dysfunction to the nerve system. Please indicate to the best of your recollection where and how you were birthed. (check all that apply) If you do not know, please skip to next question.

- Home Natural Hospital Caesarian section Forceps
- Breech Cord around neck Prolonged labor Drug induced labor Suction

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 had any accidents related to any of the following? (check all that apply)

- Automobile Motorcycle Bicycle Sports Playground Abuse

If yes, please explain how and dates: _____

Have you ever injured your spine (head, neck, rib/chest area, back, pelvis or hips)? Y N

If yes, please explain how and dates: _____

Have you ever broken any bones or sprained any part of your body? Y N

If yes, please explain how and dates: _____

Have you ever been hospitalized? Y N

If yes, please explain how and dates: _____

Do you exercise? Y N How often and what activities? _____

WHAT ARE YOUR HEALTH GOALS?

Please check as many boxes as apply:

- o More energy
- o Better concentration
- o Reduce/eliminate medications
- o Deeper relaxation
- o Enhanced emotional well being
- o Better sleep
- o Easier breathing
- o Improve strength & endurance
- o Better sports performance
- o Other
- o Freedom from pain
- o More balanced posture
- o Greater resistance to disease/immune function
- o Overall health improvement

Tell us about your family. Are you interested in helping any family members with their health goals? If so, please explain: _____

FINANCIAL INFORMATION

Here at Active Health Chiropractic, your health and wellness is our utmost priority. To best serve your individualized health and chiropractic needs, we have a fee for service policy. Payment in full is expected before or at time of service.

Please indicate your method of payment. Cash Check Credit Card

No one is completely responsible for your own health except for yourself. Therefore, you are personally responsible for payment for services before or at the time of service rendered. It is your choice if you would like to include your insurance company in your health. Insurance coverage varies greatly. We cannot predict whether your policy will cover the services we provide in our office. If you determine that your insurance covers Chiropractic Care and you would like us to assist you in the billing process, you must **FIRST** fill out an **“Insurance Verification Form”, (IVF)**, to indicate the amount and extent of coverage. Once the IVF is complete, we will gladly prepare any necessary reports and forms to assist you in making collections from your insurance company.

The information I have provided, on this case history form, is true and accurate, to the best of my knowledge. I give Dr. Darrell Voll and Dr. Gretchen Reschke permission to render care to me today. This initial visit includes a health history/consultation, chiropractic exam/evaluation, and any initial care that is determined to be clinically necessary and mutually agreed upon. I agree that I am responsible for all bills incurred at this office.

Signature _____ Today’s Date _____

Signature of Parent (for minor): _____ Today’s Date _____

**Thank you for choosing Active Health Chiropractic.
We look forward to helping you develop a healthier you!!**

