

# Welcome!

Good Vibrations Family Chiropractic is a place where people come and feel like it is their second home. It is about LIFE, people, and health. The friendly atmosphere, peaceful surroundings, colorful décor, and lively music are unique and unlike the typical doctor's office. Good Vibrations is a safe oasis which facilitates your best possible chiropractic adjustment, and the well-being of your body, mind and spirit.

Our intention in adjusting you is to allow for a greater expression of life. Pain and disease represent a decreased energy and life expression. Through the adjustment of the spine and body, there is a release of potential energy, which travels via our internal "inner-net", called the nervous system. The nervous system is the energetic power supply for every cell, tissue, muscle, organ, and system of the body. With a healthy nervous system you can naturally have more energy, vitality, health, and life expression.

As well as adjusting your body, we will assist you in shifting your awareness towards a more vitalistic and energetic way of living. We empower you to take responsibility for the process of your own health. Good Vibrations offers on-going education and resources to help serve you.

At Good Vibrations you will be cared for as a unique individual. The following pages are for you to provide your vital information and a brief outline of your life's story. Much of this information will be discussed in our first meeting. We believe in addressing the whole person, not just one specific problem. We are a sum total of all of our life's experiences up to this present moment. The more information you can provide for us, the better we can serve you. We are honored to contribute to your and your family's enhanced quality of life on your path to health, happiness and wellness.

~Dr Joe and Stacey Merlo

*"Serving Energy. LIFE . & Vitality."*

# Wellness Assessment

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone

Cell: \_\_\_\_\_ Business: \_\_\_\_\_ Home: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Social Security #: \_\_\_\_\_ (for insurance purposes)

Marital Status

Married: \_\_\_\_\_ Single: \_\_\_\_\_ Widowed: \_\_\_\_\_ Divorced: \_\_\_\_\_

Your Partner's Name (if applicable): \_\_\_\_\_

Do you have Children? \_\_\_\_\_ How Many? \_\_\_\_\_

Reason for seeking services at Good Vibrations Chiropractic:

\_\_\_\_\_

Is there anything about your spine or Nervous System that I should know?

\_\_\_\_\_

What is your level of commitment to your health, and your life?

High: \_\_\_\_\_ Medium: \_\_\_\_\_ Low: \_\_\_\_\_

Do you have any previous experience with Chiropractic?

\_\_\_\_\_

How did you find out about Good Vibrations?

\_\_\_\_\_

# Lifestyle History

History of Physical stress, trauma, or challenges  
(E.g. Work, Sports, Surgeries, accidents, falls)

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History of Chemical stress, trauma or challenges  
(E.g. Alcohol, drugs, environmental toxins)

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History of emotional stress, trauma or challenges

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What did you have for breakfast, lunch, and dinner yesterday?

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What is your daily fluid intake?

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How much and what kind of exercise do you get?

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What type of work do you do?

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What is your level of satisfaction with your career?

Great \_\_\_\_\_ OK \_\_\_\_\_ Dissatisfied \_\_\_\_\_

When was your last vacation? \_\_\_\_\_

Do you take any drugs, over-the-counter or medications?

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What do you do for play and relaxation?

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# Health Goal Planning

In order for me to understand your needs and create a more complete direction for your health, please share what your top 5 Health goals are, and what actions will you take to meet your optimum health possibilities. (For example: Hiking, Biking, Stretching, Meditation, Drink more water...)

1.

2.

3.

4.

5.

Signature\_\_\_\_\_ Date\_\_\_\_\_

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# Good Vibrations Chiropractic

## TERMS OF ACCEPTANCE

When a person seeks chiropractic care and we accept a person for such care, it is essential for both to be working for the same objective. The following definitions help to clarify some of the fundamentals of chiropractic.

**Health:** The state of optimal physical, mental and social well being, not merely the absence of disease or infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the twenty-four vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a decrease of the body's natural ability to express its maximum health potential.

**Adjustment:** The adjustment is the specific application of forces to facilitate the body's correction of vertebral subluxations. Our chiropractic method of correction is by specific adjustments of the spine.

We offer to provide chiropractic care to correct the vertebral subluxation. Our practice objective is to eliminate major interference of the nervous system for the expression of the body's natural ability to heal and grow. We may use other procedures to help your body maintain the benefits of the adjustments. If during the course of a chiropractic neuro-spinal analysis we encounter non-chiropractic or unusual findings, we will advise you to seek the services of another healthcare specialist.

At Good Vibrations Chiropractic, health is a dedicated and active process that is achieved through our partnership with the objective of optimizing your health and life.

I, \_\_\_\_\_ have read and fully understand the above statements.

All questions regarding the Chiropractor's objective pertaining to my care in this office have been answered to my complete satisfaction. Therefore, I accept chiropractic care on this basis.

\_\_\_\_\_  
(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 hereby grant permission for my child to receive chiropractic care.