

Wellness Assessment

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone

Cell: _____ Business: _____ Home: _____

E-mail Address: _____

Date of Birth: _____ Height: _____ Weight: _____

Gender at Birth: _____ Gender Identity: _____

Marital Status

Married: _____ Single: _____ Widowed: _____ Divorced: _____

Your Partner's Name (if applicable): _____

Are you using Medicare/Medicaid: Yes or No

Emergency Contact

Name: _____ Phone: _____ Relation: _____

Do you have Children? _____ How Many? _____

Their Names and Ages _____

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)

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

History of emotional stress, trauma or challenges

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

What is your daily fluid intake?

How much and what kind of exercise do you get?

What is your occupation? _____

What is your level of satisfaction with your career?

Great _____ OK _____ Dissatisfied _____

When was your last vacation? _____

Have you been in a car accident in the last two years? **Yes or No**

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

What do you do for play and relaxation?

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...)

Immediate Goals: What would you like to get rid of?

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-

Short Term Goals: What would you like to get back to?

-
-

Long Term Goals: What would you love to do and/or do again?

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-

Signature_____Date_____

"Serving Energy. LIFE. & Vitality."

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, or any known risk of bodily harm, 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.