Personal Details

Name (LAST.,1st):..

e-mail: ....

Postal Address:..

....Postcode: ....

Phone: H ....W ....Mobile: ....

Birth Date:........................Age:............No of Children:...................

Referred by: ....

Have you ever received Chiropractic Care? ❒ No/ ❒ Yes (write date of last visit & chiropractor's name): ....

....

Are you in a health fund? ❒ No / ❒ Yes- Name of fund:.............

Are you an Aust resident/citizen? ❒ No / ❒ Yes ....

Occupation:................................. Regular duties:............................

....

About Your Health

Your body is designed to be healthy. Throughout life, events can occur which damage your health expression. This case history will uncover the layers of *damage to your spine & nervous system (subluxations)*, that have resulted in poor health. Following your exam, the chiropractor will determine if Chiropractic care is something that will benefit your health & suggest the best course of action.

Loss of Wellness

Many spinal misalignments (subluxations) are caused during early years. **?** = Don't know

? No Yes Please comment if your answer is **Yes**

❒ ❒ ❒ Mother given drugs during delivery?........................

❒ ❒ ❒ Was labor induced?..

❒ ❒ ❒ Forceps?...

❒ ❒ ❒ Suctions?..

❒ ❒ ❒ Caesarian? ....

❒ ❒ ❒ Did you fall on your head? ....

❒ ❒ ❒ Did you fall down stairs?...

❒ ❒ ❒ Were you yanked by your arm?.....................................

❒ ❒ ❒ Have you had surgery/broken bones?.......................

....

....

....

❒ ❒ ❒ Drugs? (Prescriptive or Non~prescriptive)................

....

....

....

....

Accidents and Injuries

The vast majority of our patients have experienced dozens of impacts that can cause spinal misalignments (subluxations). Help us discover a few of yours

Please write briefly about your Motor Vehicle Accidents (incl speed & date) eg front impact @ 15k/h in '95:

- ....
- ....
- ....
- ....
- ....

Please write briefly about your Sports Injuries (incl date) eg basketball sprain left ankle '87, rugby impacts into neck & left shoulder '95:

- ....
- ....
- ....
- ....
- ....

Please write briefly about your Work Injuries (incl date) eg lifting injury '99:

- ....
- ....
- ....

Please write briefly about your Accidents at home &/or elsewhere (incl date) eg fall off ladder '82, fall off tree '72, fall off horse '75:

- ....
- ....
- ....
- ....
- ....
- ....

Other Health Indicators

? No Yes Please comment if your answer is **Yes**

❒ ❒ ❒ Teeth problems?...

❒ ❒ ❒ Eye problems?...

❒ ❒ ❒ Physical stress?...

❒ ❒ ❒ Mental stress?..

....

Sleeping posture: ❒ Side ❒ Stomach ❒ Back

Diet? ❒ Healthy, ❒ average, ❒ unhealthy, ❒ junk

Height:.................................. cm / ft (100cm=3.28ft=39.37in)

www.actionhealth.com.au Health Assessment Name (LAST, 1st) _

Main Symptoms

Subluxations (spinal misalignments) can cause malfunction in any part of the body. Please write the main symptoms you're experiencing.

Main Symptoms: .....

.....

- Have you had same or similar symptoms before?

  ❒ No/ ❒ Yes (when): .....

- Subluxations can put pressure on nerves for a long period of time. **How long** have you had the above symptoms (list wks,mths, yrs): .....

- Depending on the type & degree of subluxation, nerve pressure can be constant or occasional. **How often** do you have the above Symptoms: .....

- Subluxation can cause irritation to different nerve fibers & create different **sensations**. Is yours: dull/sharp, deep/superficial, diffuse/local, boaring/aching, burning/throbbing, cramping/radiating: .....

  .....

- **Severity** rating 10-0 (10=very severe, 0=unnoticeable): .....

- Subluxation can cause a weakening of the entire spine. Is your symptoms **worse** after/during activity such as: sitting, bending, standing, walking, jogging, lifting.....

  .....

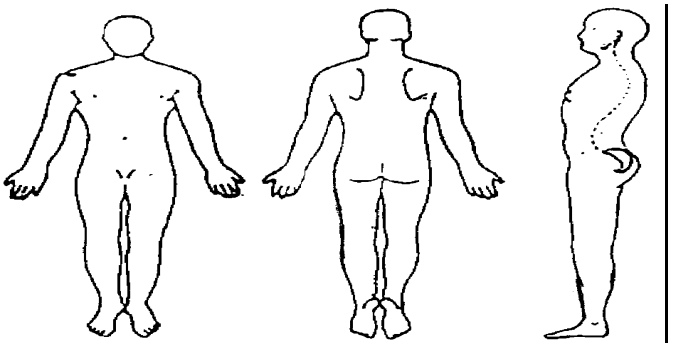
- Symptoms is usually **relieved**: night, afternoon, morning, irregular, lying, walking .....

- Have been treated: ❒ No/ ❒ Yes (please specify treatments & its results).....

  .....

  .....

- Indicate areas of symptoms:



office use only

♦ Is Associated with: .....

.....

Other condition/s: .....

Systems Review: ❒ NAD/ ❒ Yes .....

Other Symptoms

❒ Headaches	❒ Lights Bother Eyes
❒ Dizziness	❒ Face Flushed
❒ Neck Pain	❒ Neck Stiff
❒ Pins & Needles in Arms	❒ Hands Cold
❒ Numbness in Fingers	❒ Loss of Balance
❒ Fainting	❒ Loss of Memo ry
❒ Smell Change	❒ Taste Change
❒ Ears Buzz	❒ Ears Ring
❒ Hearing Problems	❒ Sleeping Problems
❒ Nervousness	❒ Irritability
❒ Depression	❒ Tension
❒ Fatigue	❒ Shortness of Breath
❒ Chest Pain	❒ Fever
❒ Cold Sweats	❒ Stomach Upset
❒ Constipation	❒ Diarrhea
❒ Bladder Problems	❒ Menstrual discomfort
❒ Skin Problems	❒ Back Pain
❒ Knee Problems	❒ Pins & Needles in Legs
❒ Feet Cold	❒ Numbness in Toes

Medical History

? **No** **Yes** Please comment if your answer is **Yes**

❒ ❒ ❒ Have you ever been hospitalised? .....

.....

❒ ❒ ❒ X-ray? .....

❒ ❒ ❒ Chemotherapy? .....

❒ ❒ ❒ Transfusion? .....

❒ ❒ ❒ Are you pregnant? .....

My Objectives:

Symptomatic relief, Correct the problem/s, Optimal health,

Improve my family's & community health, Other .....

.....

Signature: ..... Date: .....

Our Purpose

The purpose of this office is to educate & adjust as many families as possible toward optimal health through *natural* chiropractic care.

Differential Diag	**Office use only** Strs To Tests