



Welcome!

We're glad you're here

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ • Cell phone: _____ Other: _____

Email Address: _____

Date of Birth: _____ Age: _____ Gender: _____ Occupation: _____

Throughout life we go through many experiences. These experiences bring information into our nervous system that we then use to determine how we should adapt. In the moments we fail to adapt is when our bodies begin to experience stress. We are here to utilize the chiropractic adjustment to bring adaptability, ease, and awareness back to your body. Our prayer is that every person that walks through our doors receives unique intentional care that leaves them living with more grace. We are best equipped to do so if we are able to know you intimately in all areas of life. We take your health very seriously. There is a mutual commitment that needs to be understood. Deep healing occurs when the person is ready to commit. This is a great first step but it doesn't stop here.

Please thoroughly fill out the following information in order to help us understand your current state of health.

- Reason for seeking Chiropractic Care: (please mark all that apply)

To experience a new level of health and healing To be more connected to my body

To relieve my pain I'm not sure

Other: _____

- Do you currently have any health concerns? Yes No Please explain:

- How has the above affected your life? _____

- What do you hope to gain from the care here at House of Vitality? _____

- Have you received Chiropractic Care in the past? Yes No

Date of last adjustment: _____ How long were you under care for: _____

Reason for ending care: _____

- Please briefly describe your daily routine, including meals and snacks: _____

- What are your daily exercise habits? _____

- What are your current play/recreation activities? _____
- What is your level of commitment to yourself, your health and your wellbeing: High Medium Low
- How would you rate your current health? Poor Fair Average Good Excellent
- How would you describe your family's health? Poor Fair Average Good Excellent
- Are you healthier now than you were 5 years ago? ___ Yes ___ No Why? _____
- Have you been involved in a motor vehicle accident recently? ___ Yes ___ No
- Have you ever been diagnosed with cancer? ___ Yes ___ No
If yes, please explain _____
- Are you currently receiving medical attention and if so, for what? _____

• Please list ALL medications you are currently taking (prescription and non-prescription)

The following are some of the major stressors, which can contribute to interference and tension in your body.
Please check all that apply (or have applied) to you.

- | Physical Stressors | Emotional Stressors | Chemical Stressors |
|---|--|---|
| <input type="checkbox"/> Birth Trauma | <input type="checkbox"/> Relationships | <input type="checkbox"/> Environmental |
| <input type="checkbox"/> Slip/Falls | <input type="checkbox"/> Career | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Car Accidents | <input type="checkbox"/> Family | <input type="checkbox"/> 2nd Hand Smoke |
| <input type="checkbox"/> Sports Injuries | <input type="checkbox"/> Finances | <input type="checkbox"/> Caffeine |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Pace of Life | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Heavy Physical Labor | <input type="checkbox"/> Quick Temper | <input type="checkbox"/> "Diet/Sugar Free" Food |
| <input type="checkbox"/> Poor Posture | <input type="checkbox"/> Holding in Feelings | <input type="checkbox"/> Soda Intake |
| <input type="checkbox"/> Excessive Computer Use | <input type="checkbox"/> Perfectionism | <input type="checkbox"/> Prescription Drugs |
| <input type="checkbox"/> Prolonged Driving/Standing | <input type="checkbox"/> Procrastination | <input type="checkbox"/> Junk Food |
| <input type="checkbox"/> Repetitive Movements | <input type="checkbox"/> Depression | <input type="checkbox"/> Recreational Drugs |

- What do you feel is the primary stress in your life? _____
- What are the 5 healthiest habits you currently choose in your life? _____

- What are the top 5 habits you would like to shift in your life? _____

- Why is your health important to you (i.e. how will your life be better and what will you do once you reach your health goals)? _____

Chiropractic House of Vitality does not offer to diagnose or treat any symptom or disease condition. Our sole purpose is to analyze your system for stored stress and tension patterns and to help your body release them so it can more fully express its innate ability to heal. Wellness is a dynamic equilibrium between health and disease. It exists when all organs of the body function at 100% under the direction of the nerve system and the Innate Intelligence of the body. If during your assessment a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider to serve you.

I, _____, have answered the above questions to the best of my knowledge. Based on the information provided I grant Drs. Koty and Katie Hatten permission to assess, locate, and release nerve interference.
All questions contained in this questionnaire are strictly confidential.