



# Adult Health Record



## ABOUT YOU

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State | Zip Code \_\_\_\_\_ | \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Would you like to receive our monthly newsletter?  Yes  No

DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_  
 Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
 Marital Status  S  M  D  W Number of Children \_\_\_\_\_

Employer Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State | Zip Code \_\_\_\_\_ | \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Position \_\_\_\_\_

Payment Method:  Cash  Check  Credit Card

## ABOUT YOUR SPOUSE

Spouse Name \_\_\_\_\_  
 Spouse Employer \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## CHIROPRACTIC & MASSAGE EXPERIENCE

Who referred you to our office? \_\_\_\_\_  
 Have you seen or heard of our office because of (check all that apply):  
 Onida Watchman  Potter County News  sign  yellow pages  website  
 Have you been adjusted by a chiropractor before?  Yes  No  
 If yes, then what was the reason for those visits?  
 \_\_\_\_\_  
 Approximate Date of Last Visit \_\_\_\_\_  
 Have you ever had a massage by a licensed massage therapist?  Yes  No  
 If yes, then do you prefer  Swedish,  deep tissue, or  hot stone therapy?

## REASON FOR THIS VISIT

Describe the reason for this visit. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is the purpose of this appointment related to:  
 sports  auto  fall  home injury  work injury  other  
 Please explain. \_\_\_\_\_  
 \_\_\_\_\_

When did this condition begin? \_\_\_\_\_

Has this condition:  
 gotten worse  stayed constant  come and gone

Rate your discomfort on a scale of 0-10 (0 = no pain & 10 = worst pain).  
 0 1 2 3 4 5 6 7 8 9 10

Does this condition interfere with:  
 sleep  daily routine  other activities  
 Please explain. \_\_\_\_\_  
 \_\_\_\_\_

Has this condition occurred before?  Yes  No  
 Please explain. \_\_\_\_\_  
 \_\_\_\_\_

Have you seen other doctors for this condition?  Yes  No

Doctor's name \_\_\_\_\_

Type of treatment. \_\_\_\_\_

Results. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HEALTH HABITS

Do you smoke or chew tobacco?  Yes  No  
 Do you drink alcohol?  Yes (\_\_\_\_drinks/week)  No  
 Do you drink coffee, tea, or soda?  Yes (\_\_\_\_total/week)  No  
 Do you drink water?  Yes (\_\_\_\_glasses/day)  No  
 Do you exercise regularly?  Yes  No  
 Do you wear:  heel lifts  custom-made orthotics  arch supports?

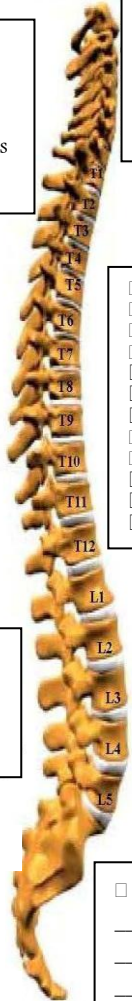
**YOUR CONCERNS**

Please check all the health concerns or conditions you may be experiencing now or have experienced in the past. Each area of concern relates to an area of the spine and nerve function.

- Stiff Neck
- Hand/Finger Numbness
- Pain in Arms/Hands
- Asthma
- Food Allergies
- Environmental Allergies
- Drug Allergies
- Other Allergies

- Bronchitis
- Pneumonia
- Ulcers
- Gastritis
- Kidney Problems
- Stomach Problems
- Colitis

- Cancer
- Digestive Problems
- Constipation
- Diarrhea
- Gas Pain
- Irritable Bowel



- Neck pain
- Headaches
- Migraines
- Dizziness
- Sinus Issues/Congestion
- Acne
- Difficulty Concentrating
- High Blood Pressure
- Hyperactivity
- Hay Fever

- Heart Conditions
- Middle Back Pain
- Difficulty Breathing
- Gallbladder Conditions
- Reflux/Heartburn
- Psoriasis
- Eczema
- Diabetes
- Thyroid problems
- Loss of sleep
- Fatigue
- Night Sweats

- Low Back Pain
- Pain or Numbness in Legs
- Pain or Numbness in Feet
- Bladder Problems
- Menstrual Problems
- Reproductive Problems

Other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ALLERGY CONCERNS**

Do you have allergies? Or do you think you may have allergies? Have you tried everything? Don't give up.

N.A.E.T. (Nambudripad's Allergy Elimination Technique) offers hope! N.A.E.T. is a synthesis of various medical disciplines such as allopathy, acupuncture, chiropractic, kinesiology, and nutrition.

Dr. Jess is a certified N.A.E.T. practitioner.

Would you like more information?  Yes  No

**MEDICATIONS YOU TAKE**

- |                                                           |                                         |
|-----------------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Cholesterol Medications          | <input type="checkbox"/> Stimulants     |
| <input type="checkbox"/> Blood Pressure Medications       | <input type="checkbox"/> Tranquilizers  |
| <input type="checkbox"/> Muscle Relaxers                  | <input type="checkbox"/> Blood Thinners |
| <input type="checkbox"/> Pain Killers (including aspirin) | <input type="checkbox"/> Insulin        |
| <input type="checkbox"/> Other: _____                     | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Vitamins & Supplements: _____    |                                         |
| _____                                                     |                                         |
| _____                                                     |                                         |

**HEALTH CONDITIONS**

- artificial bones/joints  Yes  No
- heart surgery/pacemaker  Yes  No
- surgeries: \_\_\_\_\_

**FOR WOMEN ONLY**

- Are you pregnant?  Yes  No
- If yes, when is your due date? \_\_\_\_\_
- Are you interested in massage during your pregnancy?  Yes  No
- Are you nursing?  Yes  No
- Are you taking birth control?  Yes  No
- Do you:
- |                             |                                                          |
|-----------------------------|----------------------------------------------------------|
| experience painful periods? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| have regular cycles?        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| have breast implants?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| have menopausal symptoms?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**CHIROPRACTIC AWARENESS**

Doctors of chiropractic work with the nervous system.

Yes  No

The nervous system controls all bodily functions and systems.

Yes  No

Chiropractic is the largest natural healing profession in the world.

Yes  No

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_