S C I T U A T E ∞ H A R B O R ∞ C H I R O P R A C T I C

Please fill out this form as completely and accurately as possible.

PERSONAL DATA

Today's Date___________________________ Date of Birth ___________________________ Age _________

Full legal NAME (printed)____Knickname_________________

Home Address__________________________________ City ___________________ State______ Zip ___________

Home phone (____) __________________________ Business Phone (____) ________________________________

Cell Phone (____) _____________________E-mail address____

Occupation____________________________Employer ____

Business Address_________________________________City___________________State______ Zip ___________

SS# (opt'l)_____________________________Emergency contact ____

Marital Status ❑ S ❑ M ❑ D ❑ W ❑ L/W Spouse/Partner ____

Parent's names (if you are under 18) ____

Names and Ages of Children ____

Whom may we thank for referring you to our office? ____

REASON FOR SEEKING CHIROPRACTIC CARE

What concerns do you feel Scituate Harbor Chiropractic can address for you?

____

Are these concerns affecting your quality of life? (Please circle only those applicable to you)

Work:	Y	N	Driving:	Y	N	Sleep:	Y	N
School:	Y	N	Walking:	Y	N	Sitting:	Y	N

HEALTH CARE PRACTITIONER HISTORY

Have you ever received Chiropractic care? ❑Y ❑ N Name of D.C.___________________________________

How long under care? ❑ ______days ❑______weeks ❑______ months ❑ years_________

Date of last visit: _______________Why did you stop?____

____

Have you consulted or do you regularly consult any of the following providers? (Check all that apply.)

❑ Medical Physician ❑ Naturopath ❑ Acupuncturist ❑ Homeopath

❑ Massage Therapist ❑ Psychotherapist ❑ Energy Healer ❑ Dentist

Reason why: ____

FOR WOMEN

Are you pregnant? Y N Date of last menstrual period: ____

If x-rays are recommended, your signature is required (below) to indicate that you are **not pregnant**.

Signature: ____Date:_________________________________

If **pregnant**, Due Date: ______________ Name of OBGYN or Midwife ____

Where will you be birthing your baby? ❑ Hospital ❑ Home ❑ Birthing Center ❑ Other______________________

HEALTH, WELLNESS AND CHIROPRACTIC CARE

The primary system in the body which coordinates health is the CENTRAL NERVE SYSTEM.
The vertebrae, (bones of the spinal column) surround and protect the delicate NERVE SYSTEM.
Chiropractors are specialists trained in "early detection" of injury to the
SPINE & NERVE SYSTEM.

The information below will help us to see the types of PHYSICAL, EMOTIONAL & CHEMICAL stresses you have been subjected to and ***how they may relate to your present spinal, nerve and health status.***

PHYSICAL STRESS: BIRTH AND INFANCY

The birth process can traumatize a baby's spine and cause damage to the spine & nerve system. Please indicate where and how you were birthed. (If you do not know, please skip to next question)

❑ Home ❑ Natural ❑ Hospital ❑ Caesarian section ❑ Forceps
❑ Breech ❑ Cord around neck ❑ Prolonged labor ❑ Drug induced labor ❑ Suction

PHYSICAL STRESS: CHILDHOOD THROUGH ADULT

The minor & often ignored repetitive physical traumas that we have endured are often too numerous to list. Please list the major traumas that you remember from your childhood up to the present.

Have you had any **accidents or injuries in your life** related to any of the following? (Check all that apply.)

❑ Automobile ❑ Motorcycle ❑ Bicycle ❑ Sports ❑ Playground ❑ Abuse

If yes, state ***type of injury and date:***

____

____

Have you ever **hurt/injured** your spine, head, neck, ribs, chest, upper or lower back, pelvis or hips? ❑ Y ❑ N

If yes, state ***type of injury and date:***

____

____

Have you ever **hurt, broken, fractured or sprained** any bones or joints? ❑ Y ❑ N

If yes, list ***body parts injured and dates:***

____

____

Have you ever been hospitalized? ❑ Y ❑ N

If yes, ***state reason and dates:*** ______________________________________

____

EMOTIONAL STRESS

It is difficult to separate the emotional stress in our life from the physical response that often occurs. Please indicate if you have experienced any of the emotional stresses below:

Childhood Trauma	Y	N	Loss of loved one	Y	N	Abuse	Y	N
Work or School	Y	N	Divorce/separation	Y	N	Financial	Y	N
Lifestyle change	Y	N	Parents divorce	Y	N	Illness	Y	N

CHEMICAL STRESS

Chemical stress can occur when a substance, that is toxic to the body, is breathed, injected, taken by mouth, or placed on the skin (e.g.: food allergies, drug reactions, exposure to chemicals in the air, etc.) The following will reveal exposures you may have had.

Were you **vaccinated?** ❑ Y ❑ N If yes, did you have a **reaction**? ❑ Y ❑ N

Have you been **exposed to** any of the following on a regular basis, (past or present)?

❑ Toxic chemicals ❑ Second hand smoke ❑ Drug therapy
❑ Radiation ❑ Chemotherapy ❑ Other

If yes, please list:____

Do you have **allergies** to any foods? ❑ Y ❑ N **If yes, please list:** ____________________
____

Do you **consume** any of the following presently?

❑ Coffee/caffeine ❑ Alcohol ❑ Tobacco ❑ Over the counter drugs ❑ Prescribed drugs

Please list all medications (prescribed and over the counter):________________________
____
____
____

Note: It is imperative that you list all medications as they may have an influence on your care.

QUALITY OF LIFE

How do you grade your **physical health**? ❑ Good ❑ Fair ❑ Poor

How do you grade your **emotional/mental health**? ❑ Good ❑ Fair ❑ Poor

How do you rate your overall **"quality of life"**? ❑ Good ❑ Fair ❑ Poor

Do you **exercise** regularly? If yes, how often? ________________________________

Do you take **supplements**? If yes, please list:________________________________

Do you follow a **special dietary regime**? If yes, what? ____________________________
____

EXPECTATIONS

I would like to have the following benefits from ***Chiropractic Care***: (Check all that apply)

❒ Relief of a symptom or problem
❒ Relief and prevention of a symptom or problem
❒ Healthier spine and nerve system
❒ Optimal health on all levels

OUR CHIROPRACTIC CLINICAL OBJECTIVE

Physical, Emotional and Chemical STRESSES, common to our contemporary lifestyles, can result in misalignment of the spinal column causing damage to the nerve system. The result is a condition called Vertebral Subluxation. (Please read pamphlet attached.) The Chiropractic Exam/evaluation is specifically designed to detect Vertebral Subluxations in all phases of their progression.

FINANCIAL INFORMATION

Payment in full is expected on all **FIRST VISIT** services. All other fees are to be paid at time of service until other arrangements have been made and agreed upon in writing.

Please indicate your method of payment. ❑ Cash ❑ Check ❑ Credit Card

INSURANCE

Insurance coverage varies greatly. We cannot predict whether your policy will cover the services we provide **in our office**.

Please indicate below, the name of your insurance company.

Health Insurance Co: ____

If you have Medicare, our staff will need a copy of your insurance card.

If this is an Auto Accident or a Work-Related injury, please provide us with the following information:

Name of Auto Insurance Co: ____

Have you been treated elsewhere? ❑ Emergency Room ❑ Primary Care Doctor ❑ Other

What services were provided? ❑ MRI ❑ X-Rays ❑ Medication ❑ Therapy ❑ Other

PLEASE READ AND SIGN BELOW

The information I have provided on this case history form, is true and accurate to the best of my knowledge. I give Dr. Christina Scott permission to render care to me today. This initial visit includes a health history/consultation, chiropractic exam/evaluation, and any initial care that is determined to be clinically necessary and mutually agreed upon.

Signature____ Today's Date___________

Signature of Parent (for minor):______________________________ Today's Date___________

****As a service to you, we will verify your benefits to the best of our ability. We can not guarantee your insurance will pay until the claim has been processed and you are ultimately responsible for the balance on your account.****

Thank you for choosing Scituate Harbor Chiropractic.

We look forward to helping you.