**ALAMO HEIGHTS CHIROPRACTIC HEALTH CENTER**

CONFIDENTIAL PATIENT INFORMATION

**INSPIRING & EMPOWERING YOU TO BECOME HEALTHY & FIT TO LIVE AN AWESOME LIFE!**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_-\_\_\_\_\_\_\_**

Why Did You Choose AHCHC? ❑ Friend/Family/Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Web Page ❑ Facebook ❑Other

**How Can We Help You?**

**A close up of a logo

Description automatically generated**❑ Wellness ❑ Pain Relief ❑ Correction Of Underlying Problems

❑ Restore Health ❑ Fitness ❑ Balance ❑ Flexibility ❑ Strength

❑ Restore Vitality ❑ Posture ❑ Quality Of Life ❑ Better Sleep ❑ Nutrition

❑ Resume Activities ❑ Allergies ❑ Headaches ❑ Dizziness ❑ Endurance

❑ Healthy Aging Plan ❑ Anxiety ❑ TMJ Pain ❑ Weight Loss ❑ Stress

❑ Reduce Medications ❑ Plantar Fasciitis ❑ Sports Performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❑ Other

**What Is Your #1 Concern?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Does This Prevent You From Enjoying?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When & How Did It Begin?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Intensity?\_\_\_\_\_\_\_\_\_\_\_\_ Rate Current Quality Of Your Life 🡫0-10🡩 \_\_\_\_

What Helps? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What Makes It Worse?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***List Other Health Concerns*** *#2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*#4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_#5\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #6\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

What Are Your Life & Health Goals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tell Us About Your Life**

Family ❑ Single ❑ Married ❑ Divorced ❑ Widowed ❑ In Relationship ❑ Children? Ages\_\_\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel? \_\_\_\_\_\_\_\_

Favorite Activities/Hobbies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Lifestyle Habits Have Contributed To Your Condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Conditions You Have/Had \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What Age Were You The Healthiest? \_\_\_\_\_\_How Many Hours/Day Do You Sit?\_\_\_\_\_\_\_ Stand?\_\_\_\_\_\_\_\_

Current Weight\_\_\_\_\_lbs. Best Wt\_\_\_\_\_lbs. Yr( ) Goal Wt\_\_\_\_\_lbs. Tallest Height \_\_\_\_\_’\_\_\_\_\_”

Who Has The Most To Gain From You Being Healthy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Physical Stress** | **Chemical Stress** | **Mental Stress** |
| Rate Your Activity Level 🡫0-10🡩 \_\_\_\_  Accidents/Yr\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Rate Your Nutrition 🡫0-10🡩 \_\_\_\_\_  Medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Rate Your Stress Level 🡫0-10🡩 \_\_\_\_\_  Stresses\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

You will have a comprehensive health examination where we will check to see if you have nerve interference caused by misalignments in your spine. These vertebral subluxations may prevent your body from being able to heal normally. Chiropractors are spinal function experts and adjust the spine to restore normal nerve & body function. We will schedule your Report of Test Findings at your earliest convenience. Patient care at AHCHC begins with a Chiropractic Health Orientation which we will schedule for you as well. We ask that you bring someone with you for these reports.

# ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE\_\_\_\_\_\_ ZIP CODE \_\_\_\_\_\_\_\_\_\_ WORK PHONE (\_\_\_)\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SS#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# SPOUSE NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMPLOYER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE (\_\_\_) \_\_\_\_\_\_\_\_\_\_ NEAREST RELATIVE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRIMARY PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT OR GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please fill in all portions of this form and be as specific as possible. If you need help please ask.

*Payment for Your Services are Due at the Time They are Received. We Provide a Statement for You to Mail to Your Insurance Company.*