



Current Health Profile

What is your CURRENT concern: _____

If more than one concern, which is your #1 problem _____ #2? _____ #3? _____

On a scale of 1 to 10 (1=mild, 10=severe) please rank the nerve pressure in problem area:

#1 _____ #2 _____ #3 _____

Subluxation (spinal misalignment) can cause weakness throughout the spine resulting in discomfort, tightness, stiffness, or soreness. Are you experiencing any of these in your:

Neck ___ Midback ___ Low Back ___

Depending on the severity of the subluxation (spinal misalignment), the nerve pressure can be:

Constant ___ Frequent ___ Occasional ___

Subluxation (spinal misalignment) can cause irritation to different nerve fibers. Would you describe this as:

Sharp ___ Dull ___ Achy ___ Throbbing ___ Other _____?

Is it worse in the Morning ___ Night ___ Stays Same ___?

When did this concern first appear? _____ Have you contacted another doctor about this problem?

Y ___ N ___ Results _____

What do you think caused this problem? _____

Many times vertebral subluxation (spinal misalignment) can cause neurological problems, are you experiencing any:

Numbness ___ Tingling ___ Burning ___

In the: Left Leg ___ Right Leg ___ Left Arm ___ Right Arm ___ Left Hand ___ Right Hand ___

Left Foot ___ Right Foot ___

What other health issues do we need to be aware of?

Activities of Daily Living:

What does your current condition limit you from doing in your daily activities? (examples: work, yard work, cleaning house, sitting, standing, kneeling, bending, squatting, sleeping, lifting, driving, reversing vehicle, any thing you notice that is limited by your current condition) _____

Have you ever had chiropractic care before? Y ___ N ___ When/Who? _____

Women:

Are you currently pregnant or planning pregnancy? Y ___ Due Date: _____

N ___ Date of Last Period: _____

Patient Name (Print) _____

Patient or Guardian Signature _____ Date _____

Doctor's Signature: _____ Date _____

Patient Health History

The vast majority of our patients have had literally dozens of impacts and injuries that can cause subluxation (spinal misalignment). Please answer the following questions as thoroughly as possible.

When was your most recent auto accident? _____ Passenger or Driver _____? Speed? _____ mph Safety Belt? Y ___ N ___ Please describe the accident _____

The accident before that? _____ Passenger or Driver _____? Speed? _____ mph Safety Belt? Y ___ N ___ Please describe the accident _____

Was your spine checked for subluxation after the accident/s? Yes _____ No _____

Most people have had a slip or a fall, when was your most recent one, and describe what happened? _____

Spine checked for subluxation by a chiropractor after the fall? Yes _____ No _____

The one before that? _____

Spine checked for subluxation by a chiropractor after the fall? Yes _____ No _____

Most people have had an injury lifting, when was your most recent one, and describe what happened? _____

Spine checked for subluxation by a chiropractor after the injury? Yes _____ No _____

The one before that? _____

Spine checked for subluxation by a chiropractor after the injury? Yes _____ No _____

What sporting or recreational activities do you or have you participated in the past? _____

What injuries have occurred due to these recreational activities and when? _____

Are you under any stress? ___ *Physical* ___ *Mental* ___ *Work* ___ *Personal* ___ *None*

What accident or injury has occurred at home or at work or elsewhere that we haven't mentioned yet? _____

Spine checked for subluxation by a chiropractor after the accident of injury? Yes _____ No _____

Do you: *Smoke?* Yes ___ N ___ *Drink Alcohol?* Y ___ N ___
Drink Coffee? Y ___ N ___ *Drink Tea?* Y ___ N ___ *Drink Soda?* Y ___ N ___

Is there a family history of : (Circle those that apply)

Cancer Diabetes Heart Disease High Blood Pressure
 Stroke Kidney Conditions Asthma Arthritis Other _____

List medications you are currently taking:

	Name of drug	Reason	For How Long?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

List Surgeries and Hospitalizations (include dates):

- _____
- _____
- _____

WELLNESS COMMITMENT

At DuPuy Family Chiropractic we are dedicated toward achieving the goal of total lasting health for our patients. To better help you achieve this, we need to understand your commitment level toward being healthy. We are not asking for a *financial commitment*, but we are asking for your *cooperative commitment*. Based on a scale of 10% to 100%, please circle your personal level of commitment toward regaining and improving your health and wellness:

10%----20%----30%----40%----50%----60%----70%----80%----90%----100%



COMMUNICATION STYLE:

To help us better explain chiropractic, please check the **single BEST** answer from each of the following:

- 1. I remember things in my life by:**
 what I see.
 what I hear
 what I feel
- 2. The primary reason I brush my teeth is to:**
 avoid tooth decay and gum disease
 make sure I have healthy teeth and gums
- 3. 3. When I make decisions, I generally:**
 gather the facts and evidence
 make the right choice instantly
 consult my friends and family
 depend upon how I "feel" about it
- 4. 4. When you get into the car do you put your seatbelt on:**
 every time
 most of the time
 some of the time
 never.

Patient Name (Print) _____
 Patient or Guardian Signature _____ Date _____
 Doctor's Signature: _____ Date _____