P

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Chiropractic Adjustments \_\_\_\_\_\_\_\_\_

Aaron H Smith, D.C.

5350 Tomah Dr, Ste 2000

Colorado Springs, CO 80918

(719) 570-0303

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_

Zip Code\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle One that Applies: Single Married Widowed Divorced Separated Child

Spouse or Partner’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEMALES ONLY: Are you pregnant? Yes No

What activities do you want to do better/enjoy more as you regain your health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sleep (hours/night) \_\_\_\_\_\_\_\_ Caffeinated beverages (type & #/day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alcohol\_\_\_\_\_\_\_\_\_\_\_ Tobacco\_\_\_\_\_\_\_\_\_\_\_

Exercise: Circle one- Very active (run marathons) Active (weekend warrior)

Less active (walk the dog) Sedentary (couch potato) Other\_\_\_\_\_\_\_\_\_\_\_\_\_

**CIRCLE SYMPTOMS YOU HAVE NOTICED**

**TYPES OF PAIN**

Mark an ‘X’ on the area(s) of pain

Neck pain/stiffness upon arising

Pins/needles in arms/legs

Varicose veins

Muscles painful to touch

Difficulty in lifting things

Difficulty riding in cars

Face flush

Insomnia

Constipation

Diarrhea

Nausea/vomiting

Abdominal pain

Digestive disorders

Extreme nervousness

Extreme fatigue

Mental dullness

Painful urination

Bladder problem

Excessive/scant urination

Poor appetite/weight problems

Difficulty chewing/swallowing

Dental problems

Sore throat

Sinus trouble

Lung problems

Loss of taste

Loss of smell

Loss of memory

Head seems heavy

Head/shoulders feel tired/heavy

Restriction of neck motion

Shortness of breath

Chest pain

Palpitations

Heart problems

Excessive perspiration

High blood pressure

Neck pain or stiffness

Mid back pain or stiffness

Low back pain or stiffness

Upper back pain or stiffness

Swelling (where)\_\_\_\_\_\_\_\_\_\_

Cold feet or hands

Fainting

Buzzing/ringing in ears

Equilibrium problems

Double vision

Pain behind eyes

Eyestrain

Headaches

Dizziness

Tremors

Anxiety

Depression

Tension

Irritability

Pain radiating into: Hands Arms Shoulders Feet Legs Hips (Left Right Both)

Pain radiating into: Neck Base of skull Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Terms of Acceptance:**

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

**Chiropractic has only one goal: to eliminate misalignments within the spinal column which interfere with the expansion of the body’s innate wisdom.** It is important that each patient understand both the objective and the method that will be used to attain our goal. This will prevent any confusion or disappointment.

**Adjustment:** The specific application of forces to facilitate the body’s correction of vertebral subluxation. Our chiropractic method of correction is specific adjustments of the spine.

**Health:** A state of optimal physical, mental, and social well-being, not merely the absence of disease of infirmity.

**Vertebral Subluxation:** A misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body’s innate ability to express its maximum health potential.

**Patient Policies:**

\_\_\_ The patient should understand and accept that they will be treated in a room with other patients and that conversation and dialogue should be constructed accordingly.

\_\_\_If you cancel your appointment within 2 hours of your appointment time, you may be charged with a $10 cancellation fee.

\_\_\_ We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will recommend that you seek the services of a health care provider who specializes in that area.

\_\_\_ Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment by others. **OUR ONLY PRACTICE OBJECTIVE is to eliminate major interference to the expression of the body’s innate wisdom. Our only method is specific adjusting to correct vertebral subluxations.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read and fully understand the above statements.

 Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Date