



Name _____
Case # _____

Health Profile

CURRENT CONCERN

Explain: _____

When did this concern appear? _____ Is this the first time you have experienced these symptoms?

YES NO, If no when? _____ Have you contacted another doctor about this? **Y N**

Results _____ What do you think caused this problem? _____

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

Activities that are difficult to perform (Circle all that apply):

Sitting Standing Walking Bending Lying down Driving Other _____

Activities that relieve your concern (if applicable): _____

MEDICAL HISTORY

List medications you are currently taking for this problem **AND** other health concerns:

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

List Surgeries and Hospitalizations (include dates): - Use another sheet if needed

- _____
- _____
- _____

Women:

Pregnant? **Y N** Due date _____ Date of last period _____

WELLNESS COMMITMENT

At Auger 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%

Signature _____ Date _____

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.