

LEVEL 4: SELF-REFERRAL / WELLNESS

Name _____

Date _____

Address _____ Email _____

Home phone _____

Work phone _____

Please answer the following questions with regard to the time since beginning care in this office: Since beginning Wellness Care, I have had the following marked physical, emotional, or chemical stresses or traumas:

Since beginning Wellness Care, have you had any physical trauma such as a fall, sports impact, or jolt that you feel may have injured your spine?

Have you been involved in an automobile accident either as a driver or passenger? Explain and give dates:

I have had the following major relationship, job, residence, or other life changes during this period:

Have you been hospitalized? If yes, what was done?

Are you taking any prescription or over-the-counter drugs regularly? (Please list)

Use this space to write about anything else you would like to discuss with your chiropractor about your spinal progress or condition at this time.

Do you wish to continue with Wellness Care at this time?
