



THE LIFE LOUNGE FAMILY CHIROPRACTIC

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PERSONAL HISTORY:

Name: _____

Main Concern: _____

Other Concerns: _____

How long have you suffered with this problem? _____

How did it start? Car Accident Sports Injury General Mishap Lifting
 Stress Birth Trauma Job Duties Gradual Onset Other _____

Have you become discouraged or stressed coping with this problem? _____

Does this problem interfere with any of the following areas of your life?

Work Family Hobbies Life in General

Do any activities/situations aggravate the problem? _____

Describe the frequency of your problem/discomfort:

Constant Intermittent Occasional Cyclic

How do you attempt to alleviate the problem/pain?

Hot/Cold Compress Rest Stretching Exercise Massage

Medication (list all) _____

Surgery (specify) _____ Other _____

Have you ever been involved in an accident? _____ Date of Accident: _____

Are you aware of any resulting injuries/problems? _____

Do you have children? _____ Do they have any health problems? _____

Would you like to correct your problem? _____

What is your level of commitment to achieve that goal? 10 9 8 7 6 5 4 3 2 1

Is there any other information you would like us to be aware of? _____

Signature: _____ **Date:** _____