

The Ehren Chiropractic and Wellness Center

Health Profile

Last Name: _____ **First Name** _____ **MI:** ____ **Date:** _____
Address: _____ **City:** _____ **State:** ____ **Zip:** _____
Home Phone: _____ **Work Phone:** _____ **Birth Date** _____
Email: _____

How did you hear of our office and the professional services we offer? _____

Your Current Health Situation

Describe your current health concern: _____

How does this health concern affect your functioning/quality of life? (Circle the appropriate number)

0 - It does not seem to affect me. **1 - It seems to slightly affect me.**
2 - It seems to moderately affect me. **3 - It seems to drastically affect me.**

Affect on work	0 1 2 3	Affect on Recreation	0 1 2 3	Affect on rest/sleep	0 1 2 3
Affect on social life	0 1 2 3	Affect on Walking	0 1 2 3	Affect on sitting	0 1 2 3
Affect on exercise	0 1 2 3	Affect on eating	0 1 2 3	Affect on Love life	0 1 2 3

How would you rate your overall quality of life right now: **Poor 1 2 3 4 5 Excellent**

What have you done about this so far? _____

Which of the following best describes your feelings about yourself and your situation?

- a) I feel helpless, like little or nothing is working for me.
- b) This is terrible, and I am looking for someone to fix me.
- c) I feel stuck, and I can't help myself right now.
- d) I am very frustrated, I deserve more than I have been experiencing, and I would like assistance in my healing.
- e) Anything else? _____

Are you willing to take responsibility for your health and do whatever is necessary to help yourself recover?

Yes No

History of Physical Stress to Your Body

Automobile Accidents

- a) Have you ever been in an automobile or other vehicular accident? **Yes No**
- b) Have you ever been in more than one accident **Yes No**
- c) Please list the dates of your accident(s) and describe the severity: _____

Sports

- a) Do you now, or have you ever participated in sports? **Yes No**
- b) Please list sports activities and any injuries that you may have suffered: _____

Have you ever been knocked unconscious? **Yes No**

Have you ever had any falls, jolts, impacts that may have injured your spine? **Yes No**

Would you describe your occupation as **Sedentary Physical Hard Physical Mixed.**

Do you exercise regularly? **Yes No.** If you do, what kind(s) of exercise do you do? _____

History of Medical Care

Have you ever been hospitalized? **Yes No.** If yes, why were you and what was done to you: _____

Have you ever had (please circle any that apply): 1) Spinal injections. 2) Physiotherapy. 3) Neck collar
4) Spinal brace. 5) Traction. 6) Heel lift or foot orthotics 7) Chemotherapy. 8) Bone in a cast or immobilized.

Do you have all of your organs? **Yes No** If 'no' what has been removed: _____

Emotional History

Please describe the following by circling one of the numbers:

1) Relaxed 2) Mildly Stressful 3) Moderately Stressful 4) Very Stressful

Your childhood and upbringing: 1 2 3 4 Your present home life: 1 2 3 4

Your present job or school situation: 1 2 3 4

Have you had any recent life transitions such as getting married, divorced, new job, or death in the family: **Y N**
If yes, please describe: _____

Chemical History

Are you presently taking any prescription or non-prescription medication? **Yes No.**

Please list: _____

Do you work or live in an environment where you may be exposed to dust, chemicals, solvents, fumes, pesticides, herbicides, and/or smoke for any period of time? **Yes No.**

Do you consume or use any of the following:

1) Coffee **Yes No** How much: _____

2) Milk **Yes No** How much: _____

3) Soft drinks **Yes No** How much: _____

4) Use artificial sweeteners **Yes No** 5) Smoke tobacco **Yes No**

Do you consider yourself to be healthy? **Yes No** Why or why not? _____

If you don't consider yourself healthy, what do you feel you need to do to regain your health? _____

Is there anything else you wish to share with us about yourself? _____

Thank you for choosing The Ehren Chiropractic and Wellness Center. We are looking forward to assisting you as you continue your journey towards greater health and wellness.

Signature: _____ Date: _____