

Name:		Date:	_
Phone #:	Email:		_
Date of Birth:	Occupation	n:	
Address:			
City:	State: Zipcode:	:	
How did you hear about u	s?		
Have you ever been to and	other network spinal chire	opractor- if so who?	
Have you had any other ty	pe of chiropractic care?		
Is there any type of chirop	oractic that you LOVE an	nd any type that you do not like?	
What brings you to Conne	ected Spine today?		
What would you like to sh	nare with me about how y	you are feeling and how you are	

How do you hope I can best support you? How would you grade your health? (1-poor, 10-excellent) physical health 1 2 3 4 5 6 7 8 9 10 mental health 1 2 3 4 5 6 7 8 9 10 emotional health 1 2 3 4 5 6 7 8 9 10 spiritual health 1 2 3 4 5 6 7 8 9 10 What is your background with athletics? How have you moved/used your body in the past and currently. How would you like to use your body in the future? Have you sustained whiplash injuries and or concussions (sports or non sports related)? What is your drug history? sustained use of toxic chemicals including alcohol and pharmaceuticals throw our body out of rhythm. and cause inflammation. No shame, no blame, just the facts maam' we are here to create massave coherency and wellness for you. What have other Doctors told you about your mind-body health? What has been helpful to you and has anything felt harmful for you? Are there any diagnosis' that you accept or reject?

(feel free to write on the back)

