

Life Style History

History of Physical Stress, Trauma or Challenges: _____

History of Bio-chemical Stress, Trauma or Challenges :(Ex. allergies, headaches, hormone imbalance, etc.)

History of Emotional Stress, Trauma or Challenges: _____

Medication History-Drugs, Over the Counter Drugs and Current Use:

Surgical History: _____

Nutrition: Above Average _____ Poor _____ Below Average _____

Briefly Describe: _____

Sleep and Rest: Adequate _____ Poor _____ Amount per day _____ hrs

Comments: _____

Family Relationship:

Completely at ease _____ Some Stress _____ High Stress _____

Comments: _____

Occupation and Work Type: _____

Level of satisfaction with career: 1 (Completely dissatisfied) – 10 (highest) _____

Comments: _____

Exercise: Type and Frequency _____

Vacation: Type and Frequency _____

Play and Relaxation/ Hobbies: Type and Frequency _____

As a result of my chiropractic care, I would like to: (Please check all that apply)

- Feel better quickly Have a healthier body by keeping my nerve system healthy
 Have a healthier spine Live a healthier lifestyle

Signature

Date