



Welcome to our Office

Outline of Procedures for New Patients

- Step 1:** All new patients are requested to thoroughly complete a confidential "Patient Health History".
- Step 2:** Your first Consultation with the doctor is to discuss your health problems. You will receive a "**Comprehensive Examination**" to determine if chiropractic care is appropriate for your condition -- an in-depth assessment of your nervous system will be completed. As well, if indicated, x-rays will be taken to visualize the location of the spinal problems.
- Step 3:** You will be advised of a time you can return for your "**Report of Findings**", when your doctor will inform you of your examination results and whether or not your case has been accepted. If accepted, your recommended treatment program will be explained to you. You will also be advised concerning financial arrangements as appropriate.
- Step 4:** Chiropractic care will begin after your Report of Findings and continue as scheduled until your condition has been fully corrected, or until maximum possible improvement has been obtained.

Why Chiropractic Care?

People go to a chiropractor for a variety of reasons. Some go for symptomatic relief of a condition (**Relief Care**). Others are interested in having the cause of the problem removed as well as the symptoms corrected and relieved (**Corrective Care**). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Chiropractic Care (**Preventative Care**). These are the three types/phases of care. However, the prepared recommendation is an incorporation of all three types/phases. How long you choose to benefit from Chiropractic care is always up to you.

Please check the type of care you desire:

- Preventative Care** - Life enhancement and wellness care
- Corrective Care** - Removing cause and remodeling soft tissue
- Relief Care** - Band-Aid care only

Check if you want the doctor to select the type of care appropriate for your condition.

Personal History

<u>(Legal) Name</u>		<u>Today's date(MM/DD/YY)</u>	
<u>Address</u>	<u>City</u>	<u>Postal Code</u>	
<u>Date of Birth (MM/DD/YY)</u>	<u>Age</u>	<u>Marital Status</u>	
<u>Number of children (and ages)</u>		<u>Occupation</u>	
<u>Home Phone #</u>	<u>Work Phone #</u>	<u>Ext.</u>	
<u>Cell Phone #</u>	<u>Email</u>		

(We respect your privacy. We will not share your email address with anyone)

I want to receive Dr. Maya's Weekly Wellness Tip

Have you seen a chiropractor before? If yes, when?

How did you hear about our office?

Current Health

Main/Current Health Concern(s):

Other Doctors seen for this concern?

Type:

Type of Treatment:

Results:

When did the pain or problem start?

Has it occurred before?

What makes this worse?

Sitting

Standing

Bending

Lifting

Walking

Lying Down

Cold

Dampness

Other

What makes it better?

Bedrest

Heat

Ice

Massage

Medication

Chiropractic

Pains are:

Sharp

Dull

Burning

Pins&Needles/Numb

Achy

Constant

Comes and goes

What else have you tried to do to get rid of this?

On a scale of 1 to 10 what is the severity of your discomfort?

Is this condition interfering with

Work?

Sleep?

Routine?

Other?

Drugs you take now:

Nerve Pills

Painkiller/Muscle Relaxant

Blood Pressure

Insulin

Other

Do you wear orthotics?

How old are they?

Have you had x-rays taken in the last three months?

If yes, where?

On a scale of 1 to 10, rate your commitment in helping us solve this problem:

Past Health History

Major Surgery/Operations:

Previous: Childhood Traumas

Motor Vehicle Accidents

Sports Injuries

Work Injuries

Hospitalization (other than above)

Family Health History

Name of Family Physician

Health issues that are present in your family: Parents:

Siblings:

Does any member of your family suffer from the same condition as you?

Whom?

Have your children ever had a spinal check-up?

If yes, where and when?

If you have experienced any of the following in the past six months, please check accordingly

Nervous System

Nervousness
Numbness
Paralysis
Dizziness
Forgetfulness
Confusion/Depression
Fainting
Convulsions
Cold/Tingling Extremities
Stress

Sleeping position

Back Side Stomach
Type of mattress:
Age of mattress:
Is it comfortable?

General

Fatigue
Allergies
Loss of sleep
Fever
Headaches
Taking medications

Musculoskeletal

Low Back Pain
Pain Between Shoulders
Heartburn
Neck Pain
Arm Pain
Joint Pain/Stiffness
Walking Problems
Difficulty chewing/clicking jaw
General Stiffness

C-V-R

Chest Pain
Short Breath
Blood Pressure Problems
Irregular Heartbeat
Heart Problems
Lung Problems/Congestion
Varicose Veins
Ankle Swelling
Stroke

Satisfaction with Diet

Highly Satisfied
Satisfied
Dissatisfied
Highly Dissatisfied

EENT

Vision Problems
Dental Problems
Sore Throat
Ear Aches
Hearing Difficulty
Stuffed Nose

Intake

Coffee
Alcohol
Tea
Cigarettes
White Sugar

Lifestyle Stress Levels

High
Moderate
Very Little
None

Do you have a regular exercise program?

How often do you exercise?

Have You Had

Polio
Pneumonia
Mumps
Influenza

Chicken Pox

Arthritis
Tuberculosis
Diabetes
Epilepsy
Cancer
Mental Disorder
Anemia
Heart Disease
Measles
Thyroid
Eczema
Psoriasis

Gastro-Intestinal

Black/Bloody Stool
Poor/Excessive Appetite
Excessive Thirst
Frequent Nausea
Vomiting
Diarrhea
Constipation
Hemorrhoids
Liver Problems
Gallbladder Problems
Weight Trouble
Abdominal Cramps
Gas/Bloating after meals
Colitis

Male/Female

Menstrual Irregularity
Menstrual Cramping
Vaginal Pain Infections
Breast Pain/Lumps
Prostate Problems
Are you pregnant?

Genito-Urinary

Bladder Trouble
Painful/XS Urination

CANCELLATIONS AND MISSED APPOINTMENTS

A minimum of 4 HOURS NOTICE is required to cancel an appointment, otherwise you will be charged a missed appointment fee of \$50.00. This fee will NOT be covered by any payment plans.

I, _____ have read and agree to the above statements.

Patient's signature: _____ **Date:** _____
To be signed in the office.