

## ***Personal History Form***

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home PH \_\_\_\_\_ Work PH \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Referred By \_\_\_\_\_

### ***Lifestyle Analysis/Stress History***

The following information you provide, will help us determine what effect stress/trauma has had on your spine, nervous system, and quality of life. With a working knowledge of your "biological history", we can more readily assist the body/mind in moving from defense into peace, facilitating healing, growth, and transformation.

1. What is your present health concern(s), and when did it start?

\_\_\_\_\_  
\_\_\_\_\_

2. How are you being affected by this concern?

\_\_\_\_\_  
\_\_\_\_\_

3. Why do you think this has happened?

\_\_\_\_\_  
\_\_\_\_\_

4. Which best describes your feeling about your current life situation?

- a. I feel helpless right now, and nothing works
- b. This is really bad. I am concerned, and hope you can "fix" it for me.
- c. I deserve more, wanting to change my "story", and would like you to assist me in this process.

5. Please list past injuries, traumas, surgeries, or any other medical procedures you have had. (Please include dates).

\_\_\_\_\_  
\_\_\_\_\_

6. Please list all medications you are presently taking, and for what reason.

\_\_\_\_\_  
\_\_\_\_\_

7. Have you ever had your spine/neurological system assessed by a professional?

\_\_\_\_\_  
\_\_\_\_\_

***Personal History Form (cont'd)***

8. What type of alternative therapies have you experienced? (i.e. massage, yoga, etc.)

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9. How do you hope to benefit from care in this office? Please, use scale below:

(a) very important to me    b) important to me    (c) not so important to me    (d) does not apply

\_\_\_\_\_ Improvement of my physical symptoms

\_\_\_\_\_ Overall improved quality of life

\_\_\_\_\_ Improvement of emotional/ mental symptoms

\_\_\_\_\_ Feel more vital and alive

\_\_\_\_\_ Improvement of my ability to react or respond to stress

\_\_\_\_\_ Trust my inner voice with more certainty

\_\_\_\_\_ Improvement in enjoyment of life and the ability  
to make constructive choices

\_\_\_\_\_ Have more compassion for myself and others

10. Please share what other expectations and benefits you are hoping to receive?

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11. Is there some aspect of your life that pleases you, brings you joy, or helps you feel better about yourself?

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12. Are there any particular factors or elements about your life: experiences, family, work, past injuries, recreation, genetics, dietary programs, exercises, outlook, etc. that you feel impair your opportunity for full glowing health?

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13. Are there any particular factors or elements about your life: experiences, family, work, past injuries, recreation, genetics, dietary programs, exercises, outlook, etc. that gives you an edge or adds to your health?

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14. When communicating to you about your spine, nervous system and your health and wellness: (circle preference)

a) Mostly speak with me about the clinical findings. Tell me about the changes I am making.

b) Mostly show me in written form the clinical findings. Let me see the changes that I am making.

c) Mostly let me get a sense of the clinical work. Help me to feel the difference in my body.

***Thank you for choosing our Network Spinal Analysis Office. We are looking forward to helping you to be successful in your ability to develop a healthy spine and nervous system.***

***We are excited about the possibility of assisting you as you continue on your journey towards greater health and wellness.***