SHIOZAWA
WELLNESS CENTER

WHY THIS FORM IS IMPORTANT: Our focus is on assisting people to function optimally, to become more self aware, stronger, healthier and for improved adaptation to everyday stresses. Completion of this form provides us with an improved understanding of your physical, emotional and chemical stresses that can gradually overwhelm the body and contribute to other health problems. Please complete this form as thoroughly as possible and Dr MaryAnne will review it with you. Information collected and discussed on this form is strictly confidential and can only be shared with your consent.

Name: _____DOB:_____Date: _____

Address: _____City: _____Post Code _____

Email: _____Occupation: _____

Mobile Phone: _____

Kids:_____

Referred by / How did you learn of Shiozawa Wellness: _____

Present

Why are you here?

People seek chiropractic care for a number of reasons and have certain expectations and perceptions. Please tick the goals which apply to you so we can accommodate your wishes.

Improvement in function ___ Pain reduction ___ Relief ___ Improved quality of life ____ Manage my crisis___
Information on prevention ___Symptom management ____ Healthier immune system ___ Stress reduction ___ Keep me moving___ Optimum function and quality of life ___ Improved performance ____ Full body integration____
Wellness ____ Longevity _____ Other_____

Are you only seeking pain relief? YES No

Are you interested in whole body health and quality of life improvement? YES NO

_____

Do symptoms interfere with (circle applicable) *Work* *Sleep* *Walking* *Lifting* *Normal movement*

How did it happen?

When and for how long?

Have you seen anyone else for this issue? *Chiropractor* *Physio* *Osteopath* *GP* *Other*

The care you receive in this practice will release tension from your spine, nervous system, and body. Tensions build up in response to physical, chemical, and emotion/psychological stresses you experience. Your answers to these questions will help me gain a better understanding of you and your body.

Physical stresses

Any significant injuries, falls or traumas during adulthood? Yes No Unsure

(if yes please explain) _____

Any hospital visits? Yes No Have you had any surgeries, fractures, accidents? Yes No Explain and dates

_____

Are you in prolonged postures (ex: repetitive work, lifting, sitting, driving) Yes No Unsure

(if yes, please explain)_____

Any hobbies that are physically strenuous or have repetitive movements? Yes No Unsure (if yes, please explain)_____

What is your usual exercise routine? _____

Any fractured bones or dislocations? _____ Any vehicle accidents? Yes No What happened and when? _____

Lifestyle and Chemical Stresses

How much alcohol do you drink? *Buckets Lots Some A little None*

How accurate was your answer to the previous question? *Honest! Slight under-estimate I lied*

Do you smoke (any cigarettes, or more than a one cigar a month)? *Yes No*

How accurate was your answer to the previous question? *Honest! Slight under-estimate I lied*

Did you ever smoke? *Yes No*

Do you exercise? *Buckets Lots Some A little None*

How well do you sleep? *Poor Medium Good Excellent*

How many hours per night (most nights, if not disturbed by children)? _____

If you chronically don't sleep well, what do you think is causing the problem? _____

How stressed are you? *Buckets Lots Some A little Zen*

Current and recent medications? _____

How healthy is your diet? *Poor Medium Good Excellent*

What do you do for stress relief?

_____

_____

How many times a week do you exercise? _____

Are there any other health habits that you could share with us? _____

_____

From 0 to 100 (0 = Worst, 100 = Best), how good would you say your health is?

Mental/Emotional Stresses:

As psychological stress has been shown to negatively affect many systems, please let us know how you are coping with life's stresses. Rank from 1 to 10 with 1=no stress to 10=crazy stressed)

Life in general I feel _____ Work and Career I feel _____ Relationships I feel _____ Financial stress I feel _____

Time management I feel ____ Sports & hobbies I feel _____ Health and well-being I feel ____ Quality of sleep I feel ____

If you are experiencing significant or ongoing stress please explain _____
_____ Do you practice some form of meditation, breath work, other mind-body movement or have a routine to reduce your stress? Yes /No Explain
_____

Childhood History

Did you have any childhood illnesses?	*Yes*	*No*
Did you have any serious falls as a child?	*Yes*	*No*
Did you play youth sports?	*Yes*	*No*
Did you take Medications?	*Yes*	*No*
Did you have surgery?	*Yes*	*No*
Car accidents as a child?	*Yes*	*No*
Was there any prolonged use of medicine such as antibiotics or an inhaler?	*Yes*	*No*
As a child, were you under regular chiropractic care?	*Yes*	*No*

Was your birth traumatic? *No* *Yes (emergency c-section, ventouse, forceps, premature, lack of oxygen) Please describe:*

Have you had any surgery? *Yes* *No*
If yes, list here: _____

Please circle all symptoms you have ever had, even if they do not seem related to your current problem:

Headaches	*Pins and needles in legs*	*Fainting*	*Neck pain*
Pins and needles in arms	*Loss of smell*	*Back Pain*	*Loss of balance*
Dizziness	*Buzzing in ears*	*Ringing in ears*	*Nervousness*
Numbness in fingers	*Numbness in toes*	*Loss of taste*	*Stomach Upset*
Fatigue	*Depression*	*Irritability*	*Tension*
Sleeping problems	*Stiff Neck*	*Cold Hands*	*Cold Feet*
Diarrhoea	*Constipation*	*Fever*	*Hot Flashes*

Cold Sweats	*Lights bother eyes*	*Urinary Problem*	*Heartburn*
Mood Swings	*Menstrual Pain*	*Menstrual Irregularity*	*Ulcers*

If you could achieve better health, could you see yourself doing more things that you love to do in your life?

Yes *I don't know* *No* *I don't care*

I consent to a professional and complete chiropractic examination and to any other necessary examination that the doctor deems necessary. I understand that any fee for service rendered is due at the time of service and cannot be deferred to a later date.

Statement: By choice, I am not registered in the UK as a chiropractor. Because the General Chiropractic Council, the British regulatory body for chiropractic, has not recognised any non-EU qualifications, I may not in the UK describe myself as a "chiropractor" (per Chiropractors Act 1994, s.32). But in 1997 I graduated from Life University in Georgia with a Doctorate of Chiropractic, and since 1998 have been fully Board Certified as a chiropractor, licensed in both Minnesota and New York.

Please sign here to acknowledge understanding and accept the above:

Signature _____ Date: _____