Name _____ D.O.B. _____/____/____ Age _____ Sex ◯ M ◯ F

Address _____ City/State/Zip_____

Best Phone _____ ◯ M ◯ H ◯ W Email _____

Status ◯ M ◯ S ◯ D ◯ W Number of Children _____ Previous Chiropractic Care ◯ N ◯ Y When?_____

Occupation _____ Referred By _____

Please describe the health problem(s) for which you are seeking help.

1. _____ When & how did this start? _____

Is it getting worse ◯ Y ◯ N What makes it better? _____ Worse? _____

2. _____ When & how did this start? _____

Is it getting worse ◯ Y ◯ N What makes it better? _____ Worse? _____

3. _____ When & how did this start? _____

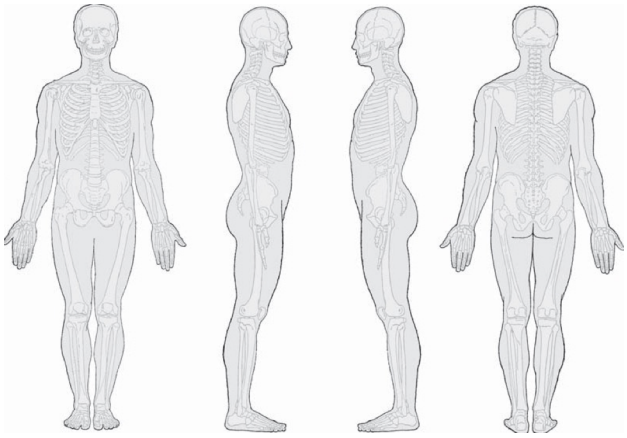
Is it getting worse ◯ Y ◯ N What makes it better? _____ Worse? _____

For each of the following, please grade the severity using a scale of 1 to 10 with 10 being "extremely severe."

Problem #1 above _____ Problem #2 above _____ Problem #3 above _____ Relationship Stress _____

Family Stress _____ Work Stress _____ Financial Stress _____ Health Stress _____

If applicable, please mark the area of pain/concern.



Please use this area to describe any significant emotional trauma, injuries/accidents & approximate age they occurred.

1. _____ Age _____
2. _____ Age _____
3. _____ Age _____
4. _____ Age _____
5. _____ Age _____
6. _____ Age _____
7. _____ Age _____

Please list any medications you are taking & what they are treating.

1. _____
2. _____
3. _____

Please list any vitamins and natural supplements you are taking.

_____ _____

_____ _____

_____ _____

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1650 45th St. S., Ste. 204
Fargo, ND 58103
701.306.0714

Please complete back side

Family History – Please indicate any of your relatives who have had any of the following conditions:

❑ Alcoholism _____ ❑ Anemia _____ ❑ Arthritis _____ ❑ Cancer _____ ❑ Diabetes _____

❑ Emphysema _____ ❑ Epilepsy _____ ❑ Glaucoma _____ ❑ High BP _____ ❑ Stroke _____

❑ Heart Disease _____ ❑ Osteoporosis _____ ❑ Mental Illness _____ ❑ Other _____

Check "P" for past or "C" for current for each of the following conditions that apply to you:

Musculoskeletal
- ❑ **P** ❑ **C** Neck Pain
- ❑ **P** ❑ **C** Upper Back Pain
- ❑ **P** ❑ **C** Mid Back Pain
- ❑ **P** ❑ **C** Lower Back Pain
- ❑ **P** ❑ **C** General Joint Pain
- ❑ **P** ❑ **C** Disc Problems
- ❑ **P** ❑ **C** General Stiffness

Neurological
- ❑ **P** ❑ **C** Headaches/Migraines
- ❑ **P** ❑ **C** Loss of Strength
- ❑ **P** ❑ **C** Arm Pain/Numbness
- ❑ **P** ❑ **C** Leg Pain/Numbness
- ❑ **P** ❑ **C** General Joint Pain
- ❑ **P** ❑ **C** Disc Problems

Endocrine
- ❑ **P** ❑ **C** Hypoglycemia
- ❑ **P** ❑ **C** Diabetes
- ❑ **P** ❑ **C** Pituitary Tumor
- ❑ **P** ❑ **C** Thyroid Conditions
- ❑ **P** ❑ **C** Adrenal Issues
- ❑ **P** ❑ **C** Spleen Conditions
- ❑ **P** ❑ **C** Thymus Conditions

Constitutional
- ❑ **P** ❑ **C** Anxiety
- ❑ **P** ❑ **C** Depression
- ❑ **P** ❑ **C** Easily Stressed Out
- ❑ **P** ❑ **C** Mood Swings
- ❑ **P** ❑ **C** Trouble Sleeping
- ❑ **P** ❑ **C** Dizziness
- ❑ **P** ❑ **C** Fatigue
- ❑ **P** ❑ **C** Allergies
- ❑ **P** ❑ **C** Nervousness
- ❑ **P** ❑ **C** Weight Loss/Gain

Skin
- ❑ **P** ❑ **C** Rash
- ❑ **P** ❑ **C** Dryness
- ❑ **P** ❑ **C** Eczema
- ❑ **P** ❑ **C** Psoriasis
- ❑ **P** ❑ **C** Vitiligo

Eye, Ear, Nose, Throat
- ❑ **P** ❑ **C** Chronic Colds
- ❑ **P** ❑ **C** Sinus Infections
- ❑ **P** ❑ **C** Ringing in Ears
- ❑ **P** ❑ **C** Ear Infections
- ❑ **P** ❑ **C** Blurred Vision
- ❑ **P** ❑ **C** Trouble Swallowing
- ❑ **P** ❑ **C** Tonsillitis

Gastrointestinal
- ❑ **P** ❑ **C** Abdominal Pain
- ❑ **P** ❑ **C** Gas/Bloating
- ❑ **P** ❑ **C** Constipation
- ❑ **P** ❑ **C** Diarrhea
- ❑ **P** ❑ **C** Irritable Bowel Symptoms
- ❑ **P** ❑ **C** Heartburn/Reflux
- ❑ **P** ❑ **C** Hiatal Hernia
- ❑ **P** ❑ **C** Black Stool
- ❑ **P** ❑ **C** Blood in Stool
- ❑ **P** ❑ **C** Ulcers
- ❑ **P** ❑ **C** Gall Stones
- ❑ **Y** ❑ **N** Gall Bladder Removed

Genitourinary
- ❑ **P** ❑ **C** Urinary Tract Infection
- ❑ **P** ❑ **C** Blood in Urine
- ❑ **P** ❑ **C** Kidney Stones
- ❑ **P** ❑ **C** Bladder Leakage
- ❑ **P** ❑ **C** Urinary Frequency
- ❑ **P** ❑ **C** Prostate Problems

Cardiovascular
- ❑ **P** ❑ **C** High Blood Pressure
- ❑ **P** ❑ **C** Low Blood Pressure
- ❑ **P** ❑ **C** Heart Murmur
- ❑ **P** ❑ **C** Heart Palpitations
- ❑ **P** ❑ **C** Rapid Heart Beat
- ❑ **P** ❑ **C** Slow Heart Beat
- ❑ **P** ❑ **C** Shortness of Breath

Respiratory
- ❑ **P** ❑ **C** Chest Pain
- ❑ **P** ❑ **C** Chronic Cough
- ❑ **P** ❑ **C** Difficulty Breathing
- ❑ **P** ❑ **C** Wheezing

_____

Females Only
- ❑ **P** ❑ **C** Painful Breasts
- ❑ **P** ❑ **C** Lumps in Breasts
- ❑ **P** ❑ **C** Vaginal Discharge
- ❑ **P** ❑ **C** Hot Flashes
- ❑ **P** ❑ **C** Ovary Issues
- ❑ **P** ❑ **C** Uterine Issues
- ❑ **Y** ❑ **N** Peri Menopausal
- ❑ **Y** ❑ **N** Post Menopausal
- ❑ **Y** ❑ **N** Hysterectomy

Informed Consent to Chiropractic Care

You are the decision maker for your health care. Part of our role is to provide you with information to assist you in making informed choices. This process is often referred to as "informed consent" and involves your understanding and agreement regarding the care we recommend, the benefits and risks associated with the care, alternatives, and the potential effect on your health if you choose not to receive the care. We may conduct some diagnostic or examination procedures if indicated. Any examinations or tests conducted will be carefully performed but may be uncomfortable. Chiropractic care centrally involves what is known as a chiropractic adjustment. There may be additional supportive procedures or recommendations as well. When providing an adjustment, we use our hands or an instrument to reposition anatomical structures, such as vertebrae. Potential benefits of an adjustment include restoring normal joint motion, reducing swelling and inflammation in a joint, reducing pain in the joint, and improving neurological functioning and overall well-being. Neuro-emotional technique (NET) is one of the techniques that may be used in the course of my care. NET does not make claims as to what may have happened in the past. All memory events are considered "emotional reality" because events may or may not correspond with actual or historical reality. It is important that you understand, as with all health care approaches, results are not guaranteed, and there is no promise to cure. As with all types of health care interventions, there are some risks to care, including, but not limited to: muscle spasms, aggravating and/or temporary increase in symptoms, lack of improvement of symptoms, burns and/or scarring from electrical stimulation and from hot or cold therapies, including but not limited to hot packs and ice, fractures (broken bones), disc injuries, strokes, dislocations, strains, and sprains. With respect to strokes, there is a rare but serious condition known as an "arterial dissection" that typically is caused by a tear in the inner layer of the artery that may cause the development of a thrombus (clot) with the potential to lead to a stroke. The best available scientific evidence supports the understanding that chiropractic adjustment does not cause a dissection in a normal, healthy artery. Disease processes, genetic disorders, medications, and vessel abnormalities may cause an artery to be more susceptible to dissection. Strokes caused by arterial dissections have been associated with over 72 everyday activities such as sneezing, driving, and playing tennis. Arterial dissections occur in 3-4 of every 100,000 people whether they are receiving health care or not. Patients who experience this condition often, but not always, present to their medical doctor or chiropractor with neck pain and headache. Unfortunately, a percentage of these patients will experience a stroke. The reported association between chiropractic visits and stroke is exceedingly rare and is estimated to be related in one in one million to one in two million cervical adjustments. For comparison, the incidence of hospital admission attributed to aspirin use from major GI events of the entire (upper and lower) GI tract was 1219 events/ per one million persons/year and risk of death has been estimated as 104 per one million users. It is also important that you understand there are treatment options available for your condition other than chiropractic procedures. Likely, you have tried many of these approaches already. These options may include, but are not limited to: self-administered care, over-the-counter pain relievers, physical measures and rest, medical care with prescription drugs, physical therapy, bracing, injections, and surgery. Lastly, you have the right to a second opinion and to secure other opinions about your circumstances and health care as you see fit. I have read, or have had read to me, the above consent. I appreciate that it is not possible to consider every possible complication to care. I have also had an opportunity to ask questions about its content, and by signing below, I agree with the current or future recommendation to receive chiropractic care as is deemed appropriate for my circumstance. I intend this consent to cover the entire course of care from all providers in this office for my present condition and for any future condition(s) for which I seek chiropractic care from this office.

Patient Name: _____ Signature: _____ Date: _____

Parent/Guardian: _____ Signature_____ Date: _____

Witness Name: _____ Signature_____ Date: _____