

ADVANCED FAMILY WELLNESS
Dr. Charles J. Prange, D.C. 15 Hazelglen Dr Suite 2, Kitchener, ON N2M 2E2
519-885-1231

Application for Care

NAME: _____ AGE: _____ BIRTHDATE _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

PHONE: _____ WORK _____ EXT. _____ CELL _____

EMAIL: _____ MAY WE EMAIL YOU: _____

NAME OF SPOUSE OR SIGNIFICANT OTHER: _____

NUMBER OF CHILDREN _____ OCCUPATION: _____

WHO MAY WE THANK FOR REFERRING YOU TO OUR OFFICE? _____

MD'S NAME: _____

REASON FOR CONSULTING OUR OFFICE (eg symptoms) _____

HOW COMMITTED ARE YOU TO YOUR HEALTH AND WELLNESS TO BECOME WELL IN THE OFFICE ON A SCALE OF 1 (NOT AT ALL) TO 10 (EXTREMELY COMMITTED) _____

**IF COMPLETING THIS FORM IN THE OFFICE, PLEASE STOP HERE AND COMPLETE THE REST OF THE FORMS AFTER YOUR EXAMINATION
IF COMPLETING THIS FORM AT HOME, PLEASE COMPLETE ALL FORMS AND BRING THEM WITH YOU TO YOUR FIRST VISIT**

WHY IS THIS FORM IMPORTANT

This is a full spectrum Chiropractic office, we focus on your ability to get healthy. Our goals are first to address the issues that brought you to the office and second to offer you the opportunity of improved health potential and wellness services in the future. On a daily basis we experience physical, chemical and emotional stresses that accumulate and result in subluxation and serious loss of health potential. Most of the time the effects are gradual: not even felt until they become serious. Answering the following questions will give us a profile of the specific stresses you have faced in your lifetime allowing us to better assess the challenges to your health potential.

THE BEGINNING YEARS (TO AGE 17)

Research shows that many of the health challenges, including the ones that brought you here today, have their origins during the developmental years, many starting at birth. Please answer the following question to the best of your ability.

Did you have any childhood illnesses? Y N

Did you have any moderate to serious falls as a child? Y N

Did you play youth sports? Y N

Did you take/use any prescription or other drugs? Y N

As a child were you under regular chiropractic care? Y N

Have you fallen/jumped from a height over 3 feet? Y N

Were you involved in any car accidents as a child? Y N

Any prolonged use of medication? Y N

Did you suffer any other traumas? Y N

Were you vaccinated? Y N

Did you have any surgery? Y N

Was your birth process traumatic? Y N

Forceps or vacuum used in your birth? Y N

COMMENTS:

ADULT YEARS (18 TO NOW)

Do/did you smoke? Y N
 Do/did you drink alcohol? Y N
 Have you been in any accidents? Y N
 Have you had any surgery? Y N
 Was/is there any prolonged use of medications? Y N
 Have you had any injuries at work or at home? Y N
 Is there prolonged standing or sitting at work? Y N
 Is there prolonged overhead activity at work? Y N
 Are there repetitive motions at work? Y N
 Are there any unusual positions or lifting at work? Y N
 Do/did you play any adult sports? Y N
 Do/did you participate in extreme sports? Y N
 Rate current stress level 1 (none) to 10 (extreme) ___
 Any car accidents over 7km/hr? Y N

Comments: _____

On a scale of Poor, Good, Excellent describe your:

Diet _____ Exercise _____ Sleep _____ General Health _____

Have you ever: bought bottled water? Y N
 Belonged to a health club? Y N
 Consumed Vitamins? Y N

ADDRESSING THE ISSUES THAT BROUGHT YOU TO THE OFFICE

If you have no symptoms or health issues and are here for wellness services please check here _____ to indicate that you “wish to have Chiropractic wellness services”. 90% of subluxations exist without symptoms, existing silently for many years, quietly reducing your functioning and health potential. All others need to briefly describe the chief areas of complaint, including the effect it has had on your life.

WHAT YOUR SYMPTOMS MEAN

Unfortunately, symptoms are very late to occur in dis-ease processes and are very misleading. In fact, your body may have had impaired functioning for many years before symptoms occurred. Often people have symptoms they are unaware are related to the spine. Sometimes, like a dental check up, patients feel fine but are not. When symptoms do occur, they should never be ignored. They are a serious warning signal from your body to take action. The medical approach is typically to treat symptoms primarily with drugs or surgery without addressing the cause. Chiropractors correct SUBLUXATIONS thereby allowing your body to function maximally which allows for self regulation and self healing in a holistic sense. During your care, we will not be relying exclusively on how you are feeling as an indication for how you are healing. Instead, we will be utilizing advanced diagnostic technology to specifically measure how you are functioning because when every cell in your body is functioning properly, only then can you be truly well. The following questions about symptoms are primarily designed to rule out other causes of your symptoms but also as one important part in assessing your progress.

If you are experiencing pain, is it...

Sharp Dull Achy Tingly Comes and goes Travels Constant
 Since the problem started is it? About the same Getting Better Getting Worse

What make it feel worse? _____ Better? _____

It interferes with: Work Sleep Sitting Hobbies Leisure

What are the most important ways to you that the problem interferes with your life?

Please check all symptoms that you have ever had, even if they do not seem related to you now:

Neck Pain	Pins and needles in arms	Loss of smell
Back Pain	Loss of balance	Dizziness
Buzzing in ears	ringing in ears	Nervousness
Numb fingers	Numbness in toes	Loss of taste
Stomach Upset	Fatigue	Depression
Irritability	Tension	Sleeping problems
Stiff neck	Cold Hands	Cold Feet
Diarrhea	Constipation	Fever
Hot flashes	Cold Sweats	Light bothers eyes
Problem urinating	Heart burn	Mood swings
Menstrual Pain	Menstrual irregularity	Ulcers

Any other symptoms or concerns: _____

FAMILY HEALTH PROFILE

At our office we are not only interested in your health and well-being, but also the health and well-being of your family and loved ones. Please mention below any health conditions or concerns you have about...

Children _____

Spouse _____

Mother _____

Father _____

Brothers _____

Sisters _____

Others _____

TERMS OF ACCEPTANCE

When a patient seeks chiropractic care and we accept a patient for such care, it is essential for both to be working toward the same objective. Chiropractic has only one goal. It is important that each patient understand both the objective and the method that will be used to attain it. This will prevent any confusion or disappointment.

VERTABRAL SUBLUXATION is a potentially devastating condition in which a misalignment of one or more of the 24 vertebrae in the spinal column has occurred. This causes alteration of nerve function and interference of your health potential, to self regulate, and to self heal. We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of your evaluation we encounter non-chiropractic findings we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of another health care provider.

OUR ONLY PRACTICE OBJECTIVE is to eliminate a major interference to the expression of the body's innate wisdom. Our only method is specific adjustments to correct vertebral subluxations.

I, _____ have read, understood and accepted the above statements.

SIGNATURE _____