



BENCE CHIROPRACTIC *Wellness Center*

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With a revived nervous system, true WELLNESS is possible!

CONFIDENTIAL PATIENT APPLICATION

LIVE ABSOLUTELY WELL!

WELCOME TO OUR CLINIC. We specialize in assisting our clients in achieving their highest level of health and wellness through our spinal and postural corrective programs. Our approach is very unique and advanced from other wellness programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept. Please feel free to ask any questions if you need assistance. We look forward to serving you.

Client Signature:

Today's Date

File #

Date: _____

CONFIDENTIAL PATIENT APPLICATION

Name: _____ Gender: M F Birth Date M/D/Y ____/____/____

Home Address: _____ Home Phone: () _____

City, State, Zip: _____ Work Phone: () _____

Email Address: _____ Cell Phone: () _____

Social Security # _____ - _____ - _____ Marital Status S M D W How referred? _____

Names of Children: _____ Ages: _____

Occupation: _____ Employer Name: _____

Spouse's Name: _____ Work Phone: () _____ Cell Phone: () _____

Emergency Contact Name: _____ Address: _____

Phone: _____ Email: _____

PURPOSE OF THIS VISIT

Reason for this visit – Main complaint: _____

Is this purpose related to an auto accident / work injury? Yes No If so, when: _____

When did this condition begin? ____/____/____ Did it begin: Gradual Sudden Progressive over time

What activities aggravate your symptoms? _____

Is there anything, which has relieved your symptoms? Yes No Describe: _____

Type of Pain: Sharp Dull Ache Burn Throb Spasm Numb Tingling Shooting

Does the Pain Radiate into your: ___Arm ___Leg ___Does not radiate Is this condition getting worse? Yes No

How often do you experience these symptoms throughout the day?: 100% 75% 50% 25% 10% Only with Activity

Does complaint(s) interfere with: ___Work ___Sleep ___Hobbies ___Daily Routine Explain: _____

Have you experienced this condition before? Yes No If so, please explain: _____

Who have you seen for this? _____ What did they do? _____

How did you respond? _____

EXPERIENCE WITH CHIROPRACTIC

Have you seen a Chiropractor before? Yes No Who? _____ When? _____

Reason for visits: _____

How did you respond? _____

Did your previous chiropractor take before and after x-rays? Yes No

Did you know posture determines your health? Yes No

Are you aware of any of your poor posture habits? Yes No

Explain: _____

Are you aware of any poor posture habits in your spouse or children? Yes No

Explain: _____

The most common postural weakness is Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse effects on your overall health. Have you ever been told or felt like you carry your head forward, noticed a rounding of your shoulders or a developing "hump" at the base of your neck? Yes No

YOUR LIFESTYLE

Do you exercise? Yes No How often? 1X 2X 3X 4X 5X per week other: _____

What activities? Running Jogging Weight Training Cycling Yoga Pilates Swimming _____

Do you smoke? Yes No How much? _____

Do you drink alcohol? Yes No How much / week? _____

Do you drink coffee? Yes No How many cups / day? _____

Do you take any supplements (i.e. vitamins, minerals, herbs)? _____

On a scale of 1-10, describe your stress level 1-None/ 10-Extreme for Occupational Stress _____ Personnel _____

On a scale of Poor (P), Good (G), Excellent (E), describe your lifestyle. ____P ____G ____E

HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called Subluxations (sub-lux-a-shuns). It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse effects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine weakening the entire body).