Vital Information

Name ____ Date _____/_____/________

I prefer to be called ____

Address ____

City ____________________________________ State _____ Zip ______________

Home # ____-____-_______ Work # ____-____-_______ Cell # ____-____-_______

Preferred contact # H | W | C Email ____________________________________

Birthday _____/_____/__________ Age ______ Gender F | M

Occupation ___________________________ Employer _________________________

Marital/Relationship status ___________ Spouse/Partner name_________________

Do you have any children? Y | N How many? _______

Names & Ages of all children ____

____

Reason for seeking *Harmony*'s Services? ___________________________________

What other action steps have you taken? ____________________________________

____

Who can we thank for referring you to *Harmony* or how did you hear about our office? ____

Have you ever been adjusted by a Chiropractor? Y | N For how long __________

Who & Where? __________________________ Date of last adjustment? ____/______

Do you have a Primary Care Provider? Y | N Date of last visit? ____/______

Who & Where? ____

Is there anything about your Nerve System or Spine that we should know about?

____

• Harmony Chiropractic • Dr. Jamielee Shanahan • 508.316.1289 •
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Stress Profile

Chiropractic care is based on the concept that the nervous system coordinates the growth, motion, sensations, immunity and overall health of your body. This vital system in protected by the bony spine, skull and pelvis. It is vital to have clear and open communication between the brain and body. Having tension and imbalances in the spinal ligaments and musculature, as well as misalignments in the bony spine can cause interference in the body's natural ability to heal and thrive.

Many of the health challenges that people face originate from stressors experienced during their birth, developmental years and adulthood. These stressors (traumas) may be any chemical, emotional or physical stress that your body cannot properly perceive, adapt to and integrate. *Harmony*'s goal is to help your body release stored tension and the more we know about your health stressors, the more we can help you with your healing process. *Please answer the following questions to the best of your ability.*

Birth Stress *(if known, please indicate all that apply to your own birth experience)*

- ○ hospital birth
- ○ C-section
- ○ vacuum extraction
- ○ forceps delivery
- ○ epidural/ meds in labor
- ○ induced labor
- ○ home birth
- ○ midwife/ doula
- ○ breast-fed
- ○ bottle-fed formula
- ○ while pregnant, mother used cigarettes | alcohol | drugs

Additional Comment(s) ____

____

Physical Stress *(Please circle the stressors you have experienced as a child, teen and adult)*

	Child	Teen	Adult	Never	Explain
Serious Slips/ Falls	C	T	A	N	______
Car Accidents	C	T	A	N	______
Sports Injuries	C	T	A	N	______
Physical/ Sexual Abuse	C	T	A	N	______
Work Injuries	C	T	A	N	______
Serious Falls	C	T	A	N	______
Poor Posture	C	T	A	N	______
Sitting on Wallet	C	T	A	N	______
Not Enough/ Poor Sleep	C	T	A	N	______
Extensive Computer Work	C	T	A	N	______
Carrying Heavy Bag/ Child	C	T	A	N	______
Repetitive Lifting/ Bending	C	T	A	N	______
Driving for Many Hours	C	T	A	N	______
Long Hours of Standing/Sitting	C	T	A	N	______
Bone Fracture	C	T	A	N	______
Surgery	C	T	A	N	______
Other:______	C	T	A	N	______

Additional Comment(s) ____

____

Chemical Stress (Please circle the stressors you have experienced as a child, teen and adult)

	Child	Teen	Adult	Never	Explain/ Amount
Smoking Cigarettes	C	T	A	N	______
Second Hand Smoke	C	T	A	N	______
Drinking Alcohol	C	T	A	N	______
Environmental (ex. poor air/ water)	C	T	A	N	______
Poor Diet	C	T	A	N	______
Caffeine	C	T	A	N	______
Artificial Sweeteners	C	T	A	N	______
Prescription Drugs/ Medications	C	T	A	N	______
Recreational Drugs	C	T	A	N	______
Over the Counter Drugs (ex. Advil)	C	T	A	N	______
High Sugar Intake	C	T	A	N	______
Vaccinations	C	T	A	N	______
Antibiotics	C	T	A	N	______
Work with Chemicals/ Poisons	C	T	A	N	______
Other:______	C	T	A	N	______

Additional Comment(s) ______

______

Emotional Stress (Please circle the stressors you have experienced as a child, teen and adult)

	Child	Teen	Adult	Never	Explain
Difficult Relationship/ Divorce	C	T	A	N	______
High Job Stress	C	T	A	N	______
High Family Stress (ex. Children)	C	T	A	N	______
Money Stress	C	T	A	N	______
Recurrent Physical/Mental Illness	C	T	A	N	______
Fast Paced Life	C	T	A	N	______
Quick Tempered	C	T	A	N	______
Verbal/ Emotional Abuse	C	T	A	N	______
Perfectionist Personality	C	T	A	N	______
Procrastinator	C	T	A	N	______
Sickness/ Loss of Loved One	C	T	A	N	______
Body Image Issues	C	T	A	N	______
Other:______	C	T	A	N	______

Additional Comment(s) ______

______

Nutritional Background

Please Check all that apply:

- ○ Vegetarian | Vegan
- ○ Skip Meals
- ○ Vitamins: ______
- ○ Junk Food (____ x per week)
- ○ Water (____ glasses per day)
- ______

Do you relate any of your nutritional experiences to your current state of health? Y | N

Additional Comment(s) ______

______

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Questions for Women

Currently Pregnant Y | N How far along? ____________ Known Complications? ________________
Past Pregnancy Y | N How many? _____ Date of last ___/___/_____ Check all that apply:

- vacuum extraction
- forceps delivery
- C-section
- hospital birth
- epidural/ meds in labor
- induced labor
- home birth
- midwife/ doula
- breast-fed
- bottle-fed formula
- breech/ transverse
- twins/ triplets

Birth Control Pill/ Patch/ Ring Currently | Past | Never For how long? ____________________
Painful Periods Currently | Past | Never
Irregular Cycles Currently | Past | Never
Additional Comment(s) ____

____

System Challenges

Has your body communicated any of the following to you? Although these may seem unrelated to the reason you are seeking care, your nervous system coordinates all your body functions and these could serve as indicators that your nervous system is being challenged. Please mark all that apply.

- Neck Pain
- Headaches
- Allergies
- Ringing in Ears
- Vertigo/ Dizziness
- Nose Bleeds
- TMJ
- Sinus Problems
- Double Vision
- Decreased Taste/ Smell
- Fever
- Anxiety
- Depression
- ADD/ ADHD
- Stroke
- Other ___________________
- Loss of Sleep
- Tension Between Shoulders
- Chest Pain
- Shortness of Breath
- Heartburn
- Rashes/ Eczema
- Heart Conditions
- High Blood Pressure
- High Cholesterol
- Anemia
- Numbness in Arms/Legs
- Tingling/ Cold Hands/ Feet
- Weight Changes
- Sweats/ Chills
- Cancer (Type:_____________)
- Other ___________________
- Fatigue
- Asthma/ Breathing Problems
- Hypo/Hyper Thyroid
- Low Back Pain
- Constipation/ Diarrhea/ Gas
- Digestion/ GI Problems
- Stomach Problems
- Ulcers
- Urinary Changes
- Prostate Changes
- HIV
- PMS
- Diabetes
- Arthritis
- Insomnia
- Other ___________________

Other Avenues of Healing

Have you had or do you use any of the following to optimize your growth, healing or development? Please mark all that apply.

- Massage/ Bodywork
- Acupuncture
- Yoga/ Pilates/ Dance/ Tai Chi
- Meditation
- Homeopathy/ Herbalist
- Naturopathic Medicine
- Vitamins/ Supplements
- Nutritionist
- Physical Therapy
- Running
- Personal Training
- Nutritional Cleansing
- Consuming Organic Foods
- Emotional/ Psychotherapy
- Other ___________________

Life Inventory

Please rate these different areas of your life expression on a scale of 1-10.
1= Extremely Dissatisfied 10= Completely Fulfilled

Energy Level	_______	Quality of Sleep	_______
Clarity of Thought	_______	Joy in Life	_______
Physical Flexibility and Ease	_______	Relationships	_______
Mental Flexibility	_______	Sense of Peace/ Hope	_______
Emotional Balance	_______	Ability to Adapt to Change	_______
Level of Pain	_______	Overall Health & Wellbeing	_______

Clarifying Your Intentions

People see chiropractors for a variety for reasons. Some go for the relief of symptoms, some go to correct the *origin* of the symptoms and others go to balance their body and optimize their vitality and health. What do you hope to receive from our care? (i.e. abundant health, increased immunity, pain relief, balanced body, safer pregnancy, better adaptability to life stressors, etc.) ____________________

____

____

What is your level of commitment to yourself, your health and wellbeing? High | Medium | Low

I have reviewed and certify that all of the information that I have reported above is true to the best of my knowledge.

Practice Member Signature X ____________________________________ Date _____/_____/________

Welcome to Harmony...

Thank you for choosing Harmony Chiropractic and giving us the opportunity to serve you! We are committed to providing you an exceptional chiropractic and healing experience. We are excited to work with you and help you thrive in an active and healthy lifestyle. If at any time during care you have questions, please do not hesitate to ask. All of your questions, even ones you haven't thought of yet, will be answered on your second visit during your doctor's report. We look forward to you joining our health family.

Authorization

- I give permission to Harmony Chiropractic to use my address, email address, phone number, and clinical records to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related cards, newsletters, information about healthcare and health related information.
- If Harmony Chiropractic contacts me by phone, I give them permission to leave a phone message on my answering machine or voice mail.
- I give Harmony Chiropractic permission to use my name on a welcome board and referral board
- I give Harmony Chiropractic permission to use my photograph on their bulletin board and other informational material such as their brochure, website, and articles in print media.
- I give Harmony Chiropractic permission to use any testimonial written by me for informational purposes such as sharing with other clients, prospective clients, in brochures, on their website, or in ads in print media.
- I give Harmony Chiropractic permission to adjust me in an open room where others are also being adjusted. I am aware that other persons in the office may overhear some of my health information during the course of care. Should I need to speak with the chiropractor at any time in private, the chiropractor will provide a room for these conversations.
- By Signing this form, you are giving Harmony Chiropractic permission to use and disclose your protected health information with the directives listed above.

This authorization will remain in effect for the duration of my care at Harmony Chiropractic or until revoked by me. You have the right to revoke this authorization in writing at any time. However, your written request to revoke this authorization is not effective to the extent that we have provided services or taken action in reliance on your authorization.

You may revoke this authorization by mailing or hand delivering a written notice to Harmony Chiropractic. The written notice must contain the following information: your name, social security number, date of birth, a clear statement of your intent to revoke this authorization, date of request and your signature. The revocation is not effective until it is received by Harmony Chiropractic.

You have the right to refuse to sign this authorization. If you refuse to sign this authorization, Harmony Chiropractic will still provide care. A copy of this signed form will be provided upon request.

Printed Name of Practice Member: ____

Practice Member Signature X ____________________________________ Date _____/_____/________

Terms of Acceptance

Our purpose in sharing this statement of clinical objectives is to clearly define our approach to Chiropractic, healing and those we serve in this office. We wish to clearly communicate our responsibilities in this exciting relationship. The following concepts are central to the way in which we practice Chiropractic. We are pleased to share these ideas with you so our purpose can be in alignment from the very beginning.

There is intelligence within each individual that not only keeps that person alive, but also coordinates, repairs, renews and heals every cell of the body. The nervous system is the main distribution center and coordinating system for this innate intelligence. Proper coordination, repair, movement, healing and genetic potential cannot be fully expressed when this life power and intelligence is blocked or redirected. The purpose of chiropractic adjustments given in this office is to correct vertebral subluxations, allowing a greater communication of this life power and coordinating intelligence thus promoting better health.

Everyone, in spite of specific symptoms or ailments, can benefit from a more flexible and subluxation-free spine and nervous system. Symptoms are not necessarily a sign of illness, they can occur to alert the individual of the need for change. Specific location of symptoms does not correlate to specific subluxations needing to be adjusted. Severity of symptoms does not correlate to severity of subluxations. The reduction of symptoms is not an effective indicator of improved health. An individual may have symptoms and not need an adjustment on a particular visit. An individual may have no symptoms and may require extensive adjustments on a particular visit. A person's symptoms are not necessarily in direct relationships to his or her prognosis. We do not treat specific symptoms, conditions or aliments, other than vertebral subluxations. We do not imply that any particular adjustment or series of adjustments will have a direct effect on any symptoms or condition a person may be presenting. Research studies show thousands of patients receiving chiropractic adjustments report improved physical and emotional health and well-being. We encourage any individual having concerns about symptoms or ailments to consult with a disease or symptom care specialist.

By their very intent, various treatments may interfere with the functioning of the nervous system. This may include drugs such as pain relievers, muscle relaxers, anti-inflammatory compounds and mood altering medication. This can often prolong the time required for spinal correction. Medication levels for an inflexible body-mind stuck in sickness are not necessarily the same as for a body becoming well. We will not venture into the practice of medicine by advising about the need for reduction of medications. We suggest you speak with your physician to determine the objective and goal to be obtained by receiving a particular medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently utilizing to accommodate for your changing body-mind. Consistent with the above concepts, we locate and adjust vertebral subluxations using the techniques we believe to be the most honoring and effective.

At Harmony Chiropractic, we educate of our practice members as to the inherent healing capabilities of the human body. We encourage and empower our practice members to become aware and responsible for their wellbeing. Our intention is to provide you with the best care that we can offer as described above. We do not offer care with the intent of “treating” or “curing” disease or conditions. If during the course of care we encounter non-chiropractic unusual findings, we will advise you of those findings and recommend that you see the services of another health care provider.

Informed Consent

Chiropractic care, like all forms of health care, while offering considerable benefit may also provide some level of risk. This level of risk is most often very minimal, yet in rare cases injury has been associated with chiropractic care. The types of complications that have been reported secondary to chiropractic care include sprain/strain injuries, irritation of a disc condition, and rarely, fractures. One of the rarest complications associated with chiropractic care, occurring at a rate between one instance per one million to one per two million cervical spine (neck) adjustments may be a vertebral artery injury that could lead to stroke.

Prior to receiving chiropractic care in this Chiropractic office, a health story and spinal examination will be completed. These procedures are performed to assess your overall health and, in particular, your spine health. These procedures will assist us in determining if chiropractic care is appropriate, or if any further examinations or studies are needed. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

I understand and accept that there are risks associated with chiropractic care and give my consent to the examinations that the doctor deems necessary, and to the chiropractic care including spinal adjustments, as reported following my assessment.

I ____________________________________ have completely read and understand the above statements and choose to receive care.

Practice Member Signature X ______________________________________ Date _____/_____/________