

## Patient History Form | John Steigerwald,DC

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Please circle: Male Female

Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_

Insurance \_\_\_\_\_ Occupation \_\_\_\_\_

Hobbies and Interests \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Have you received chiropractic spinal adjustments before? Yes No

If yes, when and by whom? \_\_\_\_\_ For how long? \_\_\_\_\_

What type of techniques were performed? \_\_\_\_\_

Were you pleased with his or her service? Yes No

What benefits do you hope to receive from chiropractic in this office? \_\_\_\_\_

*The following questions are intended to help both you and I understand how your stress history contributed to the presence of blocks and distortions in your nerve system called "subluxations" and their severity.*

Your Birth: Physical, chemical and emotional traumas which may have caused your first subluxations.

Where were you born? Please circle: Home Hospital Birthing Center Other \_\_\_\_\_

Did your mother have a difficult birth with you? Please circle: Illnesses Falls Trauma Drug Other Difficulties

Please explain: \_\_\_\_\_

Did your mother receive ultrasound during pregnancy? Yes No How many times? \_\_\_\_\_

Was your delivery traumatic? Please circle: Drug -Induced Forceps Vacuum extraction C-section Breech

Cord around neck Episiotomy Other \_\_\_\_\_

Were drops placed in your eyes at birth? Yes No

Were you separated from your mother for any reason at birth (weighing, tests)? Yes No

**Physical causes of subluxations** Please explain and give approximate dates:

Have you ever been been knocked unconscious? Yes No \_\_\_\_\_

Used crutches, walker or cane? Yes No \_\_\_\_\_

Broken any bones? Yes No \_\_\_\_\_

Had sports injuries? Yes No \_\_\_\_\_

**Physical causes of subluxations *continued...***

Had work-related injuries? Yes No

Been involved in a motor vehicle accident? Yes No

Had surgery? Yes No

Been in traction? Yes No

Please circle: Cast Heel lift Spinal Tap Physical therapy Neck collar X-ray treatments or Chemotherapy?

Do watch TV for prolonged periods? Yes No Sit at a computer? Yes No How many hours? \_\_\_\_\_

Drive an automobile? Yes No How many hours? \_\_\_\_\_ Ride the Train? Yes No How many hours? \_\_\_\_\_

Play a musical instrument? Yes No Paint or draw? Yes No

**Chemical causes of subluxations**

Please list any drugs (prescription or non-prescription) you take regularly and their intended purpose: \_\_\_\_\_

Are you currently suffering any side-effects? Yes No

Please explain: \_\_\_\_\_

Were you ever on medications in your past for an extended time? Yes No

Please explain: \_\_\_\_\_

Were you fully vaccinated? Yes No Did you have any reactions? Yes No

Please explain: \_\_\_\_\_

Are you currently being treated medically for any conditions? Yes No

Please explain: \_\_\_\_\_

Current or past exposure to chemicals. Please circle:

Paints Fumes Smoke Dusts Powders Pesticides Synthetic perfumes Drink soda  
Eat junk/fast food Drink coffee/tea Alcohol Smoke Eat candy/sweets Other \_\_\_\_\_

**Emotional causes of subluxations.**

In any of the following that apply to you, circle P (past) or C (current), and rate each as mild, moderate, or severe.

Childhood stress	P	C	Mild	Mod	Severe	Family stress	P	C	Mild	Mod	Severe
Personal-related stress	P	C	Mild	Mod	Severe	Illness-related stress	P	C	Mild	Mod	Severe
Work-related stress	P	C	Mild	Mod	Severe	Stress from commuting	P	C	Mild	Mod	Severe
Loss of a loved one	P	C	Mild	Mod	Severe	Stress from moving	P	C	Mild	Mod	Severe
Change of job/lifestyle	P	C	Mild	Mod	Severe	Stress from abuse	P	C	Mild	Mod	Severe

Do you have any questions, comments or concerns before we start? I am here to serve you. \_\_\_\_\_

*Thank You!*

## **Our Purpose**

### *A Statement of Clinical Objective*

Hello. Welcome to our Chiropractic office.

My purpose in sharing this statement of clinical objective is to clearly define my approach to Chiropractic, healing, and those I serve in this office. I wish to clearly communicate our responsibilities in this exciting relationship.

The following concepts are central to the way in which I practice Chiropractic. I am pleased to share these ideas with you so our purpose can be in alignment from the very beginning.

There is intelligence within each individual, which not only keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals.

The nervous system is a main coordinating system and distribution center for Innate Intelligence.

Alteration in the shape, position, tone or tension of the nervous system, at the spinal, will block, inhibit or redirect the expression of this intelligence.

Spinal subluxations are an interference to the proper functioning of the nervous system and its ability to send, receive and coordinate life force and intelligence.

Proper coordination, repair, movement, inspiration, empowerment, healing, can not be 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, empowering a greater communication of this life power and coordinating intelligence thus promoting a healthier spine, nervous system and enhanced health and quality of life.

Everyone, in spite of specific symptoms or ailments, can benefit from a more flexible, elastic, 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 the severity of the 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 relationship to his or her prognosis.

I do not treat specific symptoms, conditions or ailments, other than vertebral subluxations. I do not imply that any particular adjustment or series of adjustments will have a direct effect on any symptom or condition a person may be presenting. Research studies show improved physical and emotional health and well being reported by thousands of patients receiving Chiropractic adjustments.

I encourage any individual having concerns about symptoms or ailments to consult with his or her physician at any time during chiropractic care.

Your innate intelligence is the true agent of healing, empowerment, coordination, inspiration, movement, and joy. Healing is an inside job, coordinated by the same power, which develops and renews your body.

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 for spinal correction.

Medication levels for a non-flexible body-mind stuck in sickness are not necessarily the same as for a body becoming well.

I will not venture into the practice of medicine by advising about the need for reduction of medications. I 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, I locate and adjust vertebral subluxations using the techniques I believe to be the most honoring and effective. I strive to help each individual member of my practice to a greater level of health, and improved quality of life.

Sincerely,

John Steigerwald,DC

I \_\_\_\_\_ have read this statement of purpose, and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom other than Vertebral Subluxation. This office offers chiropractic as a form of health and wellness care, to promote the natural mechanisms for self healing and empowerment, as compared to specific target treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THERE IS NO SUBSTITUTE FOR CHIROPRACTIC ADJUSTMENTS

Mt. Tam Chiropractic John Steigerwald,DC, 919 Sir Francis Drake Blvd. Ste 105, Kentfield, CA