

**GEORGETOWN
TONAL CHIROPRACTIC**

22 Furnace Road
Quarryville, PA 17566
P.O. Box 124
Bart, PA 17503
Phone 717-806-5329

Personal & Family Health History

How did you find us? Location Phone Book Website Advertisement Lecture

Referred by _____

First Name _____ MI _____ Last Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

Email (please print) _____

Birthdate _____ Age _____ Sex M F Marital Status S M Partner Widowed

Occupation _____ Employer _____

Spouse/Partner's Name _____ Occupation _____

Emergency Contact _____ Relation _____ Cell _____

Names of Children & Ages

1st _____ DOB _____ 2nd _____ DOB _____ 3rd _____ DOB _____

4th _____ DOB _____ 5th _____ DOB _____ 6th _____ DOB _____

Were you ever under chiropractic care? Yes No Please list Chiropractor, years, & results

Financial Responsibility Personal Parent Other _____

Medicare Advantage Plan

Past Health History

Head Injuries Ever Unconscious Spinal Injuries
 Child/Adult Abuse Physical Sexual Verbal

What health concern brought you to our office? _____

Other health concerns _____

INJURIES: Sports/falls/vehicle/cycle/buggy & year _____

SURGERIES: Body part & year _____

MEDICATIONS: Masking what symptoms? _____

Lifestyle Choices Interfering with Central Nerve System Function = Loss of Health/Poor Healing

- Not Drinking 6-8 Glasses of Water/Day Taking Yearly Flu Shots Taking Medications
 No Exercise No Quiet Time Eating Mainly Processed Foods Drinking Sugar Drinks
 Poor Sleep Using Artificial Sweeteners Having Extreme Stress = Family Work

What type of health care have you used in the past?

- Re-Active Care** is a medical approach to address issues only when you need symptom relief.
 Pro-Active Care is a vitalistic approach, proactively taking responsibility to maintain health.

How do you rate your total health, 1 – 10, with 10 being the best health possible? _____

Are you willing to commit to making the changes needed to improve your health? _____

Doctor's Notes Only _____

Date _____ Patient/Guardian Signature _____