



Personal History Form

Name:				
Date of Birth:				
Address:				
City:		State:		
Zip:		Home Phone:		
Work Phone:		Email:		
Occupation:				
Referred By:				
<p>The following information you provide, will help us determine what effect stress/trauma has had on your spine, nervous system, and quality of life. With a working knowledge of your "biological history", we can more readily assist the body/mind in moving from defense into peace, facilitating healing, growth, and transformation. Please fill in as much or as little as you feel is appropriate.</p>				
1. What is your present health concern(s), and when did it start?				
2. How are you being affected by this concern?				
3. Why do you think this has happened?				
<p>Please check all that apply:</p> <p><input type="checkbox"/> a. I feel helpless right now, and nothing works.</p> <p><input type="checkbox"/> b. This is really bad. I am concerned, and hope you can "fix" it for me.</p> <p><input type="checkbox"/> c. My current life situation is not all that challenging.</p> <p><input type="checkbox"/> d. I'm planning to use other methods of assistance concurrently with Network Care.</p> <p><input type="checkbox"/> e. I want to change as a person and how I respond to my current life situation.</p>				
5. Please list past traumas, injuries, surgeries, or any other medical procedures you have had. Please include approximate dates.				
6. Please list all medications, including over-the-counter pain relievers, you are presently taking, and for what reason.				
7. Have you ever been treated by a chiropractor before with regards to your spine or nervous system?				
8. What type of alternative therapies have you experienced? (i.e. massage, yoga, etc.)				
9. Activities, in childhood or as an adult, that you've experienced developing your coordination, enhancing what you can sense, pay attention to, and easily respond to: Recreation, sports, social (hanging out, play, etc.), performance (acting, public speaking, music, etc.), personal growth (meditation, prayer, practices, etc.), hobbies, work activities, etc. For each activity: Indicate (C) Current, (U) Used to but no longer, (W) Would like to but can't due to health concerns. Include (CH) Childhood activities.				
10. What areas of life you would like to see improvement in: Use any or all of the abbreviations that apply or make up your own: G-Go for it, N-No need for, M-already Mastered, V-Very important, WM-Welcome More				
Physical: strength, endurance, coordination, immunity				
Emotional expression		Compassion		Mental focus
Energy & vitality				
More Depth to my experience		Ability to respond to stressful or challenging situations		Ability to recover from injuries or trauma
		Personal relationships		Be my authentic self without having to mentally control everything
Additional notes:				
11. Please share what other expectations and benefits you are hoping to receive?				
12. Are there any particular factors or elements about your life: experiences, family, work, past injuries, recreation, genetics, dietary programs, exercises, outlook, etc. that you feel impair your opportunity for full glowing health?				
13. Are there any particular factors or elements about your life: experiences, family, work, past injuries, recreation, genetics, dietary programs, exercises, outlook, etc. that gives you an edge or adds to your health?				

14. When communicating to you about your spine, nervous system, health and wellness: (select your preference)

- a. Mostly speak with me about the clinical findings. Tell me about the changes I am making.
- b. Mostly show me in written form the clinical findings. Let me see the changes that I am making.
- c. Mostly let me get a sense of the clinical work. Help me to feel the difference in my body.

Thank you for choosing our Network Spinal Analysis Office. We are looking forward to helping you to be successful in your ability to develop a healthy spine and nervous system.
We are excited about the possibility of assisting you as you continue on your journey towards greater health and wellness.