

Chiropractic Wellness Center  
Dr. Lori Krauss  
(970) 224-5006

Comprehensive Health Profile

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
May We Contact You at Work: Y N E-Mail Address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: S M D W  
Spouse's Name: \_\_\_\_\_ Spouse's Occupation: \_\_\_\_\_  
Number of Children: \_\_\_\_\_ Names & Ages of Children: \_\_\_\_\_  
Whom may we thank for referring you to our office? \_\_\_\_\_  
Research shows that your spine and nervous system are healthier when checked regularly. How many times have you visited a chiropractor in your lifetime? \_\_\_\_\_ Briefly describe your experience: \_\_\_\_\_

FOR WOMEN: Spinal health and neural health is especially important during pregnancy.  
Is there any chance you are pregnant? Y N

**Part I: Health Concerns/Symptoms and How They Influence Your Life**

What are your health concerns? When did they begin \_\_\_\_\_

How long has this been going on for you? \_\_\_\_\_

Have you ever done anything about this concern or treatment for it? Y N

If yes, what were you told? \_\_\_\_\_

What was done? \_\_\_\_\_

Did it seem to work? \_\_\_\_\_

What was going on in your life prior to this concern? \_\_\_\_\_

What else is not working for you now? \_\_\_\_\_

How long has this been going on for you? \_\_\_\_\_

What was going on in your life prior to these concerns? \_\_\_\_\_

How does this impact your life? Please include: family, work, social, sleep, exercise, chores, focus & concentration, self image, self esteem, play, walking, concern about health. \_\_\_\_\_

Why do you think this has happened or continues to happen to you? \_\_\_\_\_

Do you think this is the sole cause? Y N

If no, what else is involved? \_\_\_\_\_

If this condition or symptom were to go away tomorrow, what would be different about your life? \_\_\_\_\_

Are you doing anything differently because of this condition/symptom/concern? \_\_\_\_\_

Which best describes your current feelings about yourself and your situation?

- a.) I feel helpless, like little or nothing works
- b.) This is terrible, really bad. I'm scared and hope you can fix it for me.
- c.) I feel stuck and can't help myself right now.
- d.) I deserve more than what I have been experiencing and would like you to assist me in my healing.
- e.) Anything else? \_\_\_\_\_

## Part II: Needs and Hopes for Help in This Office

How do you hope to benefit from care in the office? (Choose all that apply)

- a.) Improvement of my physical symptoms.
- b.) Improvement of emotional/mental symptoms.
- c.) Improvement of my ability to react or respond to stress.
- d.) Improvement in enjoyment of life and the ability to make constructive choices.
- e.) Overall improved quality of life.

What would you like to see happen as a result of our working together in the next 6 months?

\_\_\_\_\_

What difference would that make for you in your life? \_\_\_\_\_

\_\_\_\_\_

## Part III: Medical, Chiropractic, and Healing History

Please list any & all past stressors you remember: For example: physical injuries, birth trauma, past illnesses, mental/emotional stressors (ex. divorce, loss of a loved one, abuse, work, relationships), exposure to chemicals, medications, and recreational drugs. Please list dates where appropriate.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list medications (prescriptions or non prescription) you have taken within the past 60 days.

\_\_\_\_\_

Have you had any spinal X-rays, CT scans, or MRI imaging of your spine, head, neck, back, or hips? Y N

If yes, when? \_\_\_\_\_

How committed are you in improving your health?

Very Committed, I will do whatever it takes.

Somewhat committed.

Not Committed at all. I am here because someone close to me wanted me to come.

Lastly, one of the things I really believe in is thanking our families for sending referrals and because of that; my practice is mostly referral-based. What would motivate you to communicate to others about the care you receive in this office and to encourage others to seek care? \_\_\_\_\_

\_\_\_\_\_

*Thank you for choosing our Network Care office. We are looking forward to helping you become successful in your ability to develop new strategies for a healthy spine, nervous system, and life. We are excited about the possibility of assisting you as you continue on your journey towards greater health and wellness.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian signature needed for pediatric patient)