



Welcome to Wellness!

36 Baboosic Lake Road
Merrimack, NH 03054
603*262*9200

Name _____ Date _____
Prefer to be called _____

Address _____ City _____ Zip _____

Date of Birth _____ Age _____ Gender _____

Email Address _____

Home Ph _____ Business Ph _____ Cell Ph _____

Employed by _____ Occupation _____

Do you have Health Insurance? (circle) YES or NO If YES, please provide card for copy

Best number to contact you: (check one)

- Home
- Business
- Cell

Marital Status: (check one)

- Married
- Single
- Domestic Partner
- Widowed
- Divorced

Name of Spouse/Partner _____ Do you have children? Y N

Names and ages of children _____

Do they live at home? _____ Have they been checked by a Chiropractor? _____

Who can we thank for referring you to us? _____

Reason for seeking services at Family Chiropractic of Merrimack and Wellness Center?

Dr. Only—when started _____ describe pain _____ frequency _____
since started better or worse _____ interferes with _____

Additional notes: _____

How is the concern listed above affecting your life? Is it preventing you from doing anything you enjoy?

Life Story

Please tell us about you. Be as specific as possible.

Name _____ Date _____

Briefly describe your nutrition breakfast, lunch and dinner:

What is your daily intake of pure water?

What is your average sleep/rest per day?

What is your quality of sleep? ___ good ___ fair ___ poor

Do you exercise? What do you do and how often?

How are you family relationships? (i.e. good, stressful, none)

Rank your satisfaction with work (not satisfied) 1 2 3 4 5 6 7 8 9 10 (very satisfied)

What type of work do you do?

How often do you vacation?

Please list prescription and/or over the counter medications you currently take:

What are your play & relaxation activities?

The following three areas of stress can cause a misaligned vertebra (sUBLUXATION). Have you experienced any of the following?

C=child T=teenager A=adult N=not at all

EXPLAIN

1. Physical Stress

Birth Trauma (as mother or child)	C	T	A	N	_____
Slips/Falls	C	T	A	N	_____
Car Accidents	C	T	A	N	_____
Sports Injuries	C	T	A	N	_____
Physical Abuse	C	T	A	N	_____
Work Injuries	C	T	A	N	_____
Poor Posture	C	T	A	N	_____
Sitting on your wallet for years	C	T	A	N	_____
Sleeping Position (i.e. stomach, side)	C	T	A	N	_____
Extensive Computer Work	C	T	A	N	_____
Carrying Heavy Purse/Bag/Child	C	T	A	N	_____
Repetitive Lifting/Bending	C	T	A	N	_____
Driving for many hours	C	T	A	N	_____
Continuous Hours Standing/Sitting	C	T	A	N	_____
Bone Fracture/Surgery	C	T	A	N	_____

2. Emotional Stress

Relationship	C	T	A	N	_____
Career	C	T	A	N	_____
Children	C	T	A	N	_____
Money	C	T	A	N	_____
Fast Paced Life	C	T	A	N	_____
Holding in Feelings	C	T	A	N	_____
Quick Tempered	C	T	A	N	_____
Verbal Abuse	C	T	A	N	_____
Perfectionist	C	T	A	N	_____
Procrastinator	C	T	A	N	_____
Sickness or Loss of Loved One	C	T	A	N	_____

3. Chemical Stress

Environment (i.e. pollution)	C	T	A	N	_____
Smoker-Amount	C	T	A	N	_____
Second Hand Smoke	C	T	A	N	_____
Poor Diet	C	T	A	N	_____
Caffeine-Amount	C	T	A	N	_____
Artificial Sweeteners	C	T	A	N	_____
Prescription Drugs	C	T	A	N	_____
Over the counter drug (Advil, Tylenol)	C	T	A	N	_____
Recreational Drugs	C	T	A	N	_____

What do you feel is your primary stress?

DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS? (Check all that apply)

- Headaches Migraines Fatigue Low Back Pain Neck Pain
- Chest Pain Vertigo Anxiety High Blood Pressure Dizziness
- Asthma Cancer Insomnia Loss of Smell or Taste Loss of Balance
- Depression Nervousness Ear Ringing Digestive Issues Heart Condition
- Allergies Diabetes Numbness Arms/Leg Other _____

Dr Notes: _____

**What other things do you typically do to improve your health and well-being?
(check all that apply)**

- Massage Acupuncture Meditation Homeopathy
- Cleanse Take Omega 3 Fatty Acids Personal Trainer Nutritionist
- Pilates/Yoga Take Supplements Eat Organic Foods Take Probiotics
- Run Walk for Exercise Use Chemical Free Cleaning Products
- Use Chemical Free Personal Care Products Other _____

Chiropractic, Who: _____ Date of Last Adjustment: _____

Frequency of visits: _____ times per week/month

Duration of care: _____ weeks/months/years

What is your level of commitment to yourself, your life and well-being?

High **Medium** **Low**

Understanding Our Role in Your Healing

When a person seeks chiropractic care, it is essential for both the individual and the chiropractor to be working towards the same objective.

In this office, chiropractic adjustments are delivered to remove nerve interference, allowing every individual whether a newborn, an athlete or a grandparent to express more health. **Health** is defined as the state of optimal physical, mental and social well being, not merely the absence of disease or infirmity. **Adjustments** are specific applications of forces delivered to facilitate the body's correction of subluxations. **Subluxations** are misalignments in your spine causing nerve interference, preventing your body to express health and vitality.

Specific chiropractic adjustments deepen everyone's potential to heal biologically and at the core. Healing is a non-linear path, which means that one might experience ups and downs during a course of chiropractic care. This might include the experience of emotions, soreness, fatigue and sensation awareness as subluxations are released and the body finds a new alignment. It also might mean greater energy, rest, ease, creativity and connectivity.

Chiropractic is not a substitute, an alternative or a preventative form of medicine.

Chiropractic specializes in the expression of life, wellness, healing and well being, whereas, medicine specializes in the diagnosis and treatment of symptoms, sickness and disease. It is not Dr. Tony Lowenberg's goal or intention to diagnose, treat or attempt to cure any physical, mental, or emotional ailments. The only diagnosis made in this office is that of subluxations. However, if during the course of chiropractic care, non-chiropractic or unusual findings are encountered, these will be brought to your attention.

I, _____, the undersigned, have completely read and understand the above statements regarding Dr. Tony's role on my healing journey. All questions pertaining to my care in this office have been answered to my complete satisfaction. Therefore, I accept chiropractic care on this basis.

Signature _____ Date _____

Signature of Parent or Guardian (for anyone under the age of 18)

_____ Date _____