

# WELCOME TO SCHUMACHER FAMILY CHIROPRACTIC

Please Print Clearly and Fill in Completely

Print Name \_\_\_\_\_ Email \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Occupation: \_\_\_\_\_  
SS# \_\_\_\_\_ Referred By \_\_\_\_\_

## PERSONAL & FAMILY HISTORY

Your Occupation: \_\_\_\_\_ Work Duties: \_\_\_\_\_  
Name of Spouse: \_\_\_\_\_ Number of Children and Ages: \_\_\_\_\_  
Hobbies & Interest (what do you do for fun?) \_\_\_\_\_

## CHIROPRACTIC HISTORY

Have you been to a chiropractor before? \_\_\_ Yes \_\_\_ No  
If Yes, who and when: \_\_\_\_\_  
Are other family members under chiropractic care? \_\_\_ Yes \_\_\_ No

## HEALTH HISTORY

What brings you to the office today? \_\_\_\_\_  
Pain or Problem started on \_\_\_\_\_  
Pains are:  Sharp  Dull  Constant  Intermittent  
What activities aggravate your condition/pain? \_\_\_\_\_  
What activities lessen your condition/pain? \_\_\_\_\_  
Is this condition getting progressively worse? \_\_\_ Yes \_\_\_ No  
Other Doctors seen for this condition \_\_\_\_\_  
Any home remedies? \_\_\_\_\_

List any current Medications: \_\_\_\_\_  
List any past surgeries and dates: \_\_\_\_\_  
List any accidents and dates: \_\_\_\_\_

*If you have no specific problem but are here to have your spine checked for vertebral subluxation, check here*

## GETTING TO KNOW CHIROPRACTIC

- 1) What happens if you turn your brain off? \_\_\_ I live \_\_\_ I Die
- 2) If you die from turning your brain off, do you consider your brain's messages to the tissue vitally important to your life? \_\_\_ No \_\_\_ Yes

If yes, could interference on your brain's message to the body tissue cause dysfunction?  
\_\_\_ No \_\_\_ Yes

- 3) Did you know that Chiropractors help the body remove this nerve interference by adjusting vertebra in the spine to help restore proper function? \_\_\_ No \_\_\_ Yes
- 4) How many spines will you have in your lifetime? \_\_\_ 1 \_\_\_ 2  
If 1, How long should you take care of it?  
\_\_\_ Just when it hurts \_\_\_ Regularly during my lifetime

© **PLEASE SIGN THE BACK** →