Dr. David Cretsinger, DC
CHIROPRACTIC 202

Chiropractic for Pediatric Development and Adult Health

Welcome! Your first visit to our office is an opportunity for us to learn about you and your family. It is a time for you to share with us where you are now in your health and life as well as where you want to go. You may also find your ideas about who you are and your health potential expanding as you take your first steps with us on this journey toward better health and wellness. And away we go!

Personal Information

Today's Date _____/_____/_____

Name: _____ Age: _____ Birth Date _____/_____/_____

Home Address: _____ Home Phone: (_____) _____

City, State: _____ Zip: _____ Cell Phone: (_____) _____

Email Address: _____ Work Phone: (_____) _____

Marital Status: [___] Single [___] Married/Partnered [___] Widowed [____] Other

Spouse/Partner Name _____

Children or other Family members _____

Who may we thank for referring you to this office? _____

Let's Find Out Why You Are Here…

What is the main reason for your visit?

_____

_____

Any other specific concerns? _____

Have you ever been to a chiropractor before [__] Yes [__] No When was your last visit? _____

Good results? [___] Yes [___] No

Do you exercise? [___] Yes {___] No How often (per week)? 1X 2X 3X 4X 5X other:_____

What activities? Running Weight Training Cycling Yoga Pilates Swimming Other _____

Do you take any supplements (i.e. vitamins, minerals, herbs)? _____

How would you rate your general nutritional habits? [ ] excellent [ ] good [ ] fair [ ] poor

Are you aware of any poor habits that affect your posture? [ ] Yes [ ] No

Explain: _____

CERVICAL SPINE (Neck)

The most common postural weakness is Forward Head Syndrome (head and neck starting to bend forward and progressively moving downward, weakening your whole body). Even less severe forms of this posture can cause many adverse effects to your overall health. Have you ever been told or felt like you carry your head forward, noticed a rounding of your shoulders or a developing "hump" at the base of your neck?

[ ] Yes [ ] No

Postural distortions from subluxations causing Forward Head Syndrome, in your neck will weaken the nerves into your arms, hands and head affecting these parts of your body. Do you experience....?

[ ] Neck Pain
[ ] Pain into your shoulders/arms/hands
[ ] Numbness/tingling in arms/hands
[ ] Hearing disturbances
[ ] Weakness in grip
[ ] Headaches
[ ] Dizziness
[ ] Visual disturbances
[ ] Coldness in hands
[ ] Thyroid conditions
[ ] Sinusitis
[ ] Allergies/Hay fever
[ ] Recurrent colds/Flu
[ ] Low energy/Fatigue
[ ] TMJ/Pain/Clicking

THORACIC SPINE (UPPER BACK)

Postural distortions from subluxations in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience…?

[ ] Heart palpitations
[ ] Heart murmurs
[ ] Tachycardia
[ ] Heart attacks/Angina
[ ] Recurrent lung infections/Bronchitis
[ ] Asthma/Wheezing
[ ] Shortness of breath
[ ] Pain on deep inspiration/expiration

THORACIC SPINE (MID BACK)

[ ] Mid back pain
[ ] Pain into your ribs/chest
[ ] Reflux
[ ] Indigestion/Heartburn
[ ] Nausea
[ ] Ulcers
[ ] Hypoglycemia

LUMBAR SPINE (LOW BACK)

Postural distortions from subluxations in the low back will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience…?

[ ] Pain into your hips/legs/feet
[ ] Numbness/tingling in your legs/feet
[ ] Constipation/Diarrhea
[ ] Weakness/Injuries in your hips/knees/ankles
[ ] Menstrual irregularities/cramping (females)
[ ] Recurrent bladder infections
[ ] Coldness in your legs/feet
[ ] Muscle cramps in your legs/feet
[ ] Low back pain
[ ] Frequent/difficulty urinating
[ ] Sexual dysfunction

Please list any health conditions not mentioned: _____

Please list any medications currently taking and their purpose: _____

_____

_____

_____

Please list all past surgeries: _____

It is important that we have the same health objectives concerning chiropractic care. Regardless of what dis-ease or condition that you have, we do not offer to treat it. Our objective is to eliminate a major interference to the expression of the body's internal wisdom. We do this by specific adjusting of vertebral subluxations. We believe the greatest doctor is the one inside each of us and we only help to maximize that inherent healing power, without using drugs or surgery. Your signature verifies that the information given on this form is complete and correct and that if you decide to be a patient her, you accept care on this basis.

Signature _____ Date _____/_____/_____