Restore balance. Create wellness.

NORI CONNELL, RN, DC
Holistic Chiropractor

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Name:
Address:
Occupation:
Home Phone: Business Phone:
Email Address: Date of Birth: Age:
◯ Male ◯ Female Marital Status: No. of Children: SS #:
Were you referred to me? If so, by whom?

Please answer the following questions about your personal history:
Have you ever had your spine or nervous system examined professionally?
If yes, when, and by whom?
Have you received chiropractic spinal adjustments by a Doctor of Chiropractic?
If yes, when was your last visit?
For how long were you receiving chiropractic adjustments?
How often did you go?
If you stopped, why did you stop going?

Do you know what type of adjustments the chiropractor performed, or what techniques or methods he or she used?

Were you pleased with his or her service?
Does your immediate family receive the following vehicles towards growth and development?
If yes, please list when and any comments you wish to share:
Network Chiropractic:
Bodywork/Massage:
Osteopathy/Cranial Work:
Meditation:
Psychotherapy:
Movement or Exercise:
Yoga:
Rebirthing/Breathwork:
Prayer:
Other:
What do you hope to receive from Network Chiropractic?

The practice of chiropractic is based upon the location and adjustment of vertebral subluxations. These spinal subluxations are caused by any stress your body can not properly perceive, adapt to or recover from. These stresses may be PHYSICAL, CHEMICAL, or EMOTIONAL in nature.

PHYSICAL STRESS BIRTH HISTORY: If you have information about your birth history:

1. Was your mother outwardly ill prior to her pregnancy with you? ☐ Yes ☐ No
2. Did your mother have a difficult pregnancy with you? ☐ Yes ☐ No
3. Did your mother have any falls, accidents or physical injuries during pregnancy? ☐ Yes ☐ No
4. Was your delivery traumatic? ☐ Yes ☐ No
5. Was your delivery:

☐ drug induced ☐ forceps or suction
☐ "c" section ☐ cord around the neck
☐ breech ☐ prolonged

6. Was there any other physical or mechanical stress to mother or you as labor progressed, or delivery progressed, or as a newborn? ☐ Yes ☐ No

GENERAL PHYSICAL TRAUMA:

7. Next to the potential cause of vertebral subluxations is provided a space for a check mark. Please write in appropriate space either 'P' for Past or 'C' for current under the corret level of trauma: Mild, moderate, or Extreme.

	Mild		Moderate		Extreme			Mild		Moderate		Extreme	
	P	C	P	C	P	C		P	C	P	C	P	C
Falls from crib, carriage	☐	☐	☐	☐	☐	☐	Sports impacts	☐	☐	☐	☐	☐	☐
Falls down or up steps	☐	☐	☐	☐	☐	☐	Physical Fight	☐	☐	☐	☐	☐	☐
Falls on ice	☐	☐	☐	☐	☐	☐	Armed services	☐	☐	☐	☐	☐	☐

Comments:

8. Were you ever knocked unconscious? ☐ Yes ☐ No
   Comments:
9. Have you ever used crutches, a walker, or cane? ☐ Yes ☐ No
   Comments:
10. Have you ever broken any bones? ☐ Yes ☐ No
    Comments:
11. Have you ever had any impacts, falls, or jolts that you feel specifically may have injured your spine? ☐ Yes ☐ No
    Comments:
12. Have you had extensive dental work performed? ☐ Yes ☐ No
    Orthodontial work? ☐ Yes ☐ No
13. During the day I: ☐ sit ☐ stand ☐ walk ☐ do desk work ☐ phone work ☐ drive ☐ do mechanical work ☐ heavy lifting
14. I exercise: ☐ daily ☐ weekly ☐ monthly

SPORTS or LEISURE

15. Were you, or are you active in any particular sport(s)? ☐ Yes ☐ No
    Which one(s)?
16. Have you been hurt in any of these activities? ☐ Yes ☐ No
    Comments:

17. Do you read for prolonged periods? ☐ Yes ☐ No

18. Do you play a musical instrument? ☐ Yes ☐ No

19. Do you have a particular position for watching television? ☐ Yes ☐ No

Comments:

20. I wear: ☐ glasses ☐ Bifocals ☐ contact lenses

AUTOMOBILE ACCIDENTS:

21. Have you, (even as a passenger, even if you do not think you were hurt) been involved in a vehicular collision/near collision? Please list approximate dates and severity (Mild, Moderate or Extreme)?

Automobile:

Bus, bicycle, motorcycle, train, airplane, moped, or other vehicles:

MEDICAL TREATMENT:

22. Have you ever been hospitalized? ☐ Yes ☐ No

If yes, what was actually done to you?

Have you had surgery?

Do you still have all your body parts?

Have you had: ☐ a spinal tap ☐ spinal injections ☐ physiotherapy ☐ neck collar ☐ spinal brace
☐ traction ☐ heel lift ☐ X-ray treatments ☐ corrective shoes or bars on shoes
☐ extensive diagnostic X-rays ☐ Accupuncture ☐ Chemotherapy ☐ transfussion
☐ bone in a cast or immobilized

CHEMICAL STRESS:

BIRTH HISTORY

23. Was your mother regularly taking any drug prior to or during her pregnancy with you?
☐ Alcohol ☐ Smoking

24. Was her labor chemically induced or altered? ☐ Yes ☐ No

25. Was your mother: ☐ conscious ☐ semi-conscious ☐ unconscious ☐ during your delivery

26. Any other chemical stress that your mother may have been subject to:

GENERAL CHEMICAL TRAUMA

27. Are you now taking any drug (prescription or over-the-counter) regularly? Please list:

Are these drugs being prescribed by a physician? Last visit:

28. Were you previously taking any medication regularly?

29. Do you work with any chemical, fume, dust, powder, smoke for prolonged periods?

30. Please mark any dietary selection that is appropriate for you, and grade according to the following scale:

O – Do not consume this
M – Consume this monthly
FM – Consume a few times per month (less than weekly)
FD – Consume this a few times per day
W – Consume this weekly
FW – Consume this a few times per week
D – Consume this daily

Alcohol		Eggs		Beef	
Coffee		Cooked, canned vegetables		Poultry	
Artificial Sweeteners		Fruit		Seafood	
Soda		Whole Grains		Weight Control Diet	
Diet Food		Dairy (milk products)		Fasting	
Refined Sugar		Fried Food		Organic Foods	

The type of diet I usually follow is classified as:

EMOTIONAL STRESS:

31. My birth was: ☐ at home ☐ in a Birthing Center ☐ in a hospital
32. Were you incubated or isolated after birth?
33. Were you: ☐ bottle fed formula ☐ bottle fed mother's milk ☐ nursed ☐ nursed and bottle fed

GENERAL PHYSICAL TRAUMA:
With each of the following spinal stress situations, please check either "P" for Past or "C" for Current.

	Mild		Moderate		Extreme			Mild		Moderate		Extreme	
	P	C	P	C	P	C		P	C	P	C	P	C
Childhood stress	☐	☐	☐	☐	☐	☐	Work related stress	☐	☐	☐	☐	☐	☐
School stress	☐	☐	☐	☐	☐	☐	Stress or commuting	☐	☐	☐	☐	☐	☐
Play or recreational	☐	☐	☐	☐	☐	☐	Loss of loved one	☐	☐	☐	☐	☐	☐
Family stress	☐	☐	☐	☐	☐	☐	Change in lifestyle	☐	☐	☐	☐	☐	☐
Personal relationships	☐	☐	☐	☐	☐	☐	Change in vocation	☐	☐	☐	☐	☐	☐
Stress of being sick	☐	☐	☐	☐	☐	☐	Abuse	☐	☐	☐	☐	☐	☐

How do you grade your physical health? ☐ Excellent ☐ Good ☐ Fair ☐ Poo
☐ Getting Better ☐ Getting Worse
How do you grade your emotional health? ☐ Excellent ☐ Good ☐ Fair ☐ Poo
☐ Getting Better ☐ Getting Worse
If you consider yourself ill, why do you feel you are ill?

If you consider yourself well, why do you feel you are well?

Is there anything else which may help to better understand you which has not been discussed?