

Evans Chiropractic, LLC

Date: _____

Please Print Clearly

First Name: _____ **Last Name:** _____

Gender How would you like to be addressed: _____ **Date of Birth:** _____

Address: _____ **City:** _____

State: _____ **Zip Code:** _____ **Cell #:** _____

Email: _____ **Preferred form of contact** _____

(E-mail addresses are used solely to notify you about important office updates; closing information, etc.)

How did you find our office? _____ **If referred who?** _____

Spouse (Name + DOB): _____

Children (Names + Ages): _____

Have you been to a chiropractor before? Yes No If yes, did it help? Yes No When was the last time you were adjusted? _____

General Information Related to the Condition:

No particular condition or symptoms -- Just seeking general good health (non-covered by insurance)

Approximately when did the conditions or symptoms begin to occur? _____

Describe the conditions, symptoms or purpose of the appointment:

Describe your pain: Sharp Dull Stabbing Ache Radiating Burning Throbbing Numbness

What caused it? _____

What aggravates it? _____

What relieves it? _____

Please check any of the following symptoms you are now experiencing:

- | | | | | | |
|--------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Light Bothers Eyes | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Head seems too heavy | <input type="checkbox"/> Neck Pain |
| <input type="checkbox"/> Loss of Memory | <input type="checkbox"/> Clumsiness | <input type="checkbox"/> Feet Cold | <input type="checkbox"/> Neck Stiff | <input type="checkbox"/> Tingling in arms/hands | <input type="checkbox"/> Ears Ring |
| <input type="checkbox"/> Hands Cold | <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Tingling in legs/feet | <input type="checkbox"/> Face Flushed | <input type="checkbox"/> Nausea | <input type="checkbox"/> Back Pain |
| <input type="checkbox"/> Numbness in arms/hands | <input type="checkbox"/> Buzzing in Ears | <input type="checkbox"/> Constipation | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Numbness in legs/feet | <input type="checkbox"/> Loss of Balance |
| <input type="checkbox"/> Cold Sweats | <input type="checkbox"/> Tension | <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Fainting | <input type="checkbox"/> Fever | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Loss of Smell | <input type="checkbox"/> Chest pain/rib pain | <input type="checkbox"/> Pain in arms/hands | <input type="checkbox"/> Pain in legs/feet | <input type="checkbox"/> Jaw pain |
| <input type="checkbox"/> Loss of strength - arms | <input type="checkbox"/> Burning muscle pain | <input type="checkbox"/> Loss of strength - legs | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Sharp/shooting pain | |

Have you experienced Problems with: (Review of Systems)

- | | | | | | |
|----------------------------------------------------|-----------------------------------------|--------------------------------------------|-----------------------------------------|-------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Allergies / Immune system | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Ears (hearing) | <input type="checkbox"/> Nose (smell) | <input type="checkbox"/> Mouth (taste)/Throat |
| <input type="checkbox"/> Bowels/Stomach | <input type="checkbox"/> Bladder | <input type="checkbox"/> Hormones / Glands | | <input type="checkbox"/> Eyes (sight) (Glasses) | |
| <input type="checkbox"/> Urinary | <input type="checkbox"/> Blood/Lymph | <input type="checkbox"/> Skeletal | <input type="checkbox"/> Neurologic | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Skin |
| <input type="checkbox"/> Male Organs | <input type="checkbox"/> Female Organs | | | | |

If Yes to any of these please explain: _____

Do you now or have you ever had:

- | | | | | | |
|-----------------------------------------------|--------------------------------------------|------------------------------------------|-----------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Thyroid Problems |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Prostate Disorder | <input type="checkbox"/> Kidney Problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> Ulcer | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Auto Immune Disorder | <input type="checkbox"/> High Cholesterol | <input type="checkbox"/> IBS/ Cholitit | <input type="checkbox"/> Tinnitus | | |

Allergies: _____

Psychiatric: (Check all that apply)

- Anxiety Depression Mood Swings Difficulty Sleeping Nervousness Tension

Medications: (If you carry a list please ask to have a copy made)

_____ Reason for taking _____

Vitamins / Herbs / Supplements

_____ Reason for taking _____

List any accidents (automobile, on the job injuries, slips, falls, sports, etc.) and provide the accident date:

- 1) _____ / /
- 2) _____ / /
- 3) _____ / /

Surgeries/Hospitalizations: (Date most recent first): _____

Other: _____

Work History:

Retired, If so how long: _____

Place of Employment: _____ **Job title:** _____

Stresses of Job? _____

Previous Jobs? : _____ Stresses of Job? _____

CHART OF EFFECTS OF SPINAL MISALIGNMENTS

“The nervous system controls and coordinates all organs and structures of the human body.” (Gray’s Anatomy, 29th Ed., page 4). Misalignments of spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions that may result in the conditions shown below.

| Vertebrae | Areas | Effects |
|-----------|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1C | Blood supply to the head, pituitary gland, scalp bones of the face, brain, inner & middle ear, sympathetic nervous system | Headaches, nervousness, insomnia, head colds, high blood pressure, migraine headaches, nervous breakdowns, amnesia, chronic tiredness, dizziness |
| 2C | Eyes, optic nerves, auditory nerves, sinuses, mastoid bones, tongue, forehead | Sinus trouble, allergies, crossed eyes, deafness, eye troubles, earache, fainting spells, certain cases of blindness |
| 3C | Cheeks, outer ear, face bones, teeth, trifacial nerve | Neuralgia, neuritis, acne or pimples, eczema |
| 4C | Nose, lips, mouth, eustachian tube | Hay fever, catarrh, hearing loss, adenoids |
| 5C | Vocal cords, neck glands, pharynx | Laryngitis, hoarseness, throat conditions |
| 6C | Neck muscles, shoulders, tonsils | Stiff neck, pain in upper arms, tonsillitis, whooping cough, croup |
| 7C | Thyroid gland, bursae in shoulder, elbows | Bursitis, colds, thyroid conditions |
| 1T | Arms: elbow down; hands, wrist, fingers; esophagus and trachea | Asthma, cough difficult breathing, shortness of breath, pain in lower arms and hands |
| 2T | Heart: valves and coverings, coronary arteries | Functional heart conditions and certain chest conditions |
| 3T | Lungs, bronchial tubes, pleura, chest, breast | Bronchitis, pleurisy, pneumonia, congestion, influenza |
| 4T | Gall bladder, common duct | Gall bladder conditions, jaundice, shingles |
| 5T | Liver, solar plexus, blood | Liver conditions, fevers, low blood pressure, anemia, poor circulation, arthritis |
| 6T | Stomach | Stomach troubles: nervous stomach, indigestion, heartburn, dyspepsia |
| 7T | Pancreas, duodenum | Ulcers, gastritis |
| 8T | Spleen | Lowered resistance |
| 9T | Adrenal and supra-renal glands | Allergies, hives |
| 10T | Kidneys | Kidney troubles, hardening of the arteries, chronic tiredness, nephritis pyelitis |
| 11T | Kidneys, ureters | Skin conditions: acne, pimples, eczema, or boils |
| 12T | Small intestines, lymph circulation | Rheumatism, gas pains, certain types of sterility |
| 1L | Large intestines, inguinal ring | Constipation, colitis, dysentery, diarrhea, some ruptures or hernias |
| 2L | Appendix, abdomen, upper leg | Cramps, difficult breathing, acidosis, varicose veins |
| 3L | Sex organs, uterus, bladder, knees | Bladder troubles, menstrual troubles: painful or irregular periods, miscarriages, bed wetting, impotency, change in life symptoms, many knee pains |
| 4L | Prostate gland, muscles of lower back, sciatic nerve | Sciatica, lumbago, difficult/painful or too frequent urination, backaches |
| 5L | Lower legs, ankles, feet | Poor circulation in the legs, swollen ankles, weak ankles and arches, cold feet, weakness in the legs, leg cramps |
| SACRUM | Hip bones, buttocks | Sacro-iliac conditions, spinal curvatures |
| COCCYX | Rectum, anus | Hemorrhoids (piles), pruritis (itching), pain at end of spine on sitting |

For further explanation of the conditions shown above and information about those not shown ask Dr. Evans.

Now that you have had your first Chiropractic Adjustment

Congratulations; you have taken the first steps towards making life changes...

You have joined thousands of people who have chosen Evans Chiropractic as the number one alternative, natural drugless approach towards wellness. I am excited to serve both you and your family. The interference with your nervous system has most likely been present for months or even years before today's adjustment. As a result, your body and mind have become accustomed to certain behaviors. My job is to help restore proper function and life flow. Getting the most out of your will require some effort on your part, i.e. Keeping your appointments, doing your exercises prescribed. Open communication between you and the doctor is a vital part of the lasting changes so please voice any concerns you may have directly with me.

At the moment of your adjustment hundreds, if not thousands of body functions and activities are affected. The release of nerve pressure allows the brain to start communicating effectively with your internal organs and tissues to bring the body back in balance. The healing has begun and your vital life flow through your nerves is being restored.

How should I feel after my first adjustment?

Each body is different and reactions do vary. Most patients find the problem they came in with start to lessen, some feel no difference, and some feel a bit sore, maybe in areas they did not have a complaint. All these reactions are common. The body is complex. You may be experiencing a detoxification: muscles might have been weak and now are working again to realign your spine. Old injuries that have not healed completely may reawaken causing you to feel new sensations in other parts of your body. Nerve receptors that have been sleeping for years may now be starting to activate. Give your body permission to express what it needs to. If sore you can always apply ice for 10-15 minutes to relieve inflammation.

Are the Adjustments Safe?

Yes. A New Zealand government study concluded that chiropractic adjustments are "remarkably safe". Taking an over the counter pain medication, such as ibuprofen is about 100 times more risky.

What can I expect for the future?

Studies have revealed that people under chiropractic care experience wellness in many areas of their life. Two studies reported improved mental/emotional health, better ability to deal with stress and more life enjoyment. Other studies have revealed improved physical function, less bodily pain, improved general health, greater vitality, social functioning and mental health. 87% of Chiropractic patients described their health as excellent compared to 67.8% of non-Chiropractic patients.