

# RENOVATION CHIROPRACTIC HEALTH PROFILE

Name \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_ Male/Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Cell Phone Provider \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Occupation \_\_\_\_\_ Employer's Name \_\_\_\_\_

Single / Married / Divorced / Widowed      Spouse's Name \_\_\_\_\_

Number of Children \_\_\_\_\_ Names, Ages & Gender \_\_\_\_\_

Who may we thank for referring you? \_\_\_\_\_

## LIST YOUR HEALTH CONCERNS BELOW

Health Concerns: List according to severity	Rate of Severity 1 = mild 10 = unbearable	When did this episode start?	If you had the condition before, when?	Did the problem begin with an injury?	Are symptoms constant or intermittent?
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

HAVE YOU EVER SEEN OTHER DOCTORS FOR THESE CONDITIONS?    YES / NO

CHIROPRACTOR? \_\_\_\_\_ MEDICAL DOCTOR? \_\_\_\_\_ OTHER \_\_\_\_\_

WHO AND WHEN? \_\_\_\_\_

## CIRCLE ALL CURRENT PROBLEMS YOU HAVE

- |                       |                           |                         |                        |                       |
|-----------------------|---------------------------|-------------------------|------------------------|-----------------------|
| <i>DIZZINESS</i>      | <i>THROAT ISSUES</i>      | <i>KIDNEY PROBLEMS</i>  | <i>LIVER DISEASE</i>   | <i>NERVOUSNESS</i>    |
| <i>HEADACHES</i>      | <i>THYROID PROBLEMS</i>   | <i>MID BACK PAIN</i>    | <i>SHOULDER PAIN</i>   | <i>EPILEPSY</i>       |
| <i>VERTIGO</i>        | <i>ASTHMA</i>             | <i>IRRITABLE BOWEL</i>  | <i>CHRONIC FATIGUE</i> | <i>DISC PROBLEM</i>   |
| <i>EAR INFECTIONS</i> | <i>ULCERS</i>             | <i>SCIATICA</i>         | <i>LUPUS</i>           | <i>INFERTILITY</i>    |
| <i>NAUSEA</i>         | <i>NUMBNESS IN ARMS</i>   | <i>NUMBNESS IN LEGS</i> | <i>FIBROMYALGIA</i>    | <i>GASTRIC REFLUX</i> |
| <i>TMJ</i>            | <i>NUMBNESS IN HANDS</i>  | <i>NUMBNESS IN FEET</i> | <i>CHEST PAIN</i>      |                       |
| <i>NECK PAIN</i>      | <i>MENSTRUAL DISORDER</i> | <i>LOW BACK PAIN</i>    | <i>ARM PAIN</i>        | <i>OTHER</i> _____    |
| <i>MIGRAINES</i>      | <i>HEART DISORDERS</i>    | <i>HIP PAIN</i>         | <i>ADD/ADHD</i>        | _____                 |
| <i>ANXIETY</i>        | <i>STOMACH DISORDERS</i>  | <i>LEG PAINS</i>        | _____                  | _____                 |
| <i>CHRONIC SINUS</i>  | <i>BLADDER PROBLEMS</i>   | <i>KNEE PAIN</i>        | _____                  | _____                 |

**CIRCLE ANY CONDITION YOU HAVE NOW/ HAVE HAD:**

STROKE    CANCER    HEART DISEASE    SPINAL SURGERY    SEIZURES    SPINAL BONE FRACTURE    SCOLIOSIS    DIABETES

LIST ALL SURGICAL OPERATIONS AND YEARS \_\_\_\_\_  
\_\_\_\_\_

LIST ALL Over the Counter & PRESCRIPTION MEDICATIONS YOU ARE ON:  
\_\_\_\_\_  
\_\_\_\_\_

WHEN WAS YOUR LAST AUTO ACCIDENT \_\_\_\_\_

HAVE YOU HAD PREVIOUS CHIROPRACTIC CARE?    YES / NO

IF YOU HAVE, DR. & DATE \_\_\_\_\_

HAVE YOU EVER BEEN KNOCKED UNCONSCIOUS?    YES / NO                      FRACTURED A BONE?    YES / NO

IF YES, PLEASE DESCRIBE \_\_\_\_\_

OTHER TRAUMA: \_\_\_\_\_  
\_\_\_\_\_

**IF THIS HEALTH PROFILE IS FOR A MINOR/CHILD, PLEASE FILL OUT AND SIGN BELOW**

**WRITTEN CONSENT FOR A CHILD**

NAME OF PRACTICE MEMBER WHO IS A MINOR/CHILD \_\_\_\_\_

**I AUTHORIZE DR. JOHN PETTYGROVE AND ANY AND ALL RENOVATION CHIROPRACTIC STAFF TO PERFORM DIAGNOSTIC PROCEDURES, RADIOGRAPHIC EVALUATIONS, RENDER CHIROPRACTIC CARE AND PERFORM CHIROPRACTIC ADJUSTMENTS TO MY MINOR/CHILD.**

**AS OF THIS DATE, I HAVE THE LEGAL RIGHT TO SELECT AND AUTHORIZE HEALTH CARE SERVICES FOR MY MINOR/CHILD. IF MY AUTHORITY TO SELECT AND AUTHORIZE CARE IS REVOKED OR ALTERED, I WILL IMMEDIATELY NOTIFY RENOVATION CHIROPRACTIC.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
GUARDIAN SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
GUARDIAN'S RELATIONSHIP TO MINOR / CHILD