

**GEORGE'S CHIROPRACTIC
HEALTH CENTER**

www.GeorgesChiropractic.com

1676 Manheim Pike
Lancaster PA 17601
Phone 717 569 5731

Personal & Family Health History

Date _____ Chiropractor _____ Account # _____

Located Us by? Location Phone Book Screening Advertisement Lecture

Web Site Blog Facebook BNI Referred by _____

Age: Birth -11 yrs. 12-17 yrs. Adult (18+) 65+ Medicare Advantage Plan

Name _____ M. _____ Last Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

E-Mail: Please Print _____

(We respect your privacy and will not be sold to a 3rd party)

Date/Birth _____ Age _____ Sex M F Marital Status S M Partner Widowed

Occupation: _____ Employer _____

Spouse/Partner's Name: _____ Occupation _____

Emergency Contact Name: _____ Relationship _____ Cell _____

Name of Children & Ages:

1st _____ Age _____ 2nd _____ Age _____ 3rd _____ Age _____

4th _____ Age _____ 5th _____ Age _____ 6th _____ Age _____

Ever under chiropractic care before? Yes No Print Chiropractor's Name, Year & Results.

Financial Responsibility: Personal Parent Other _____

Past Health History, please check:

Head Injuries Ever Unconscious Spine Injuries

Child/Adult Abuse Physical Sexual Verbal

What health concern brought you to our office? _____

Other health concerns? _____

Explain any Sports/Falls/Car /Cycle/Buggy Injuries _____

SURGERIES: Body Part & Year? _____

MEDICATIONS: Masking what symptom? _____

Which of these Lifestyle Choices Affects You?

- Not Drinking 6-8 Glasses of Water/Day
- Take Yearly Flu Shots
- Taking Medications
- No Exercise
- No Quiet Time
- Eating Mainly Processed Foods
- Drink Sugar Drinks
- Poor Rest
- Use Artificial Sweeteners
- Have Extreme Stress =
- Family
- Work

What type of health care have you done in the past?

- Re-Active Care** is a medical approach to address only when you need symptom relief.
- Pro-Active Care** is a Vitalistic approach taking responsibility to maintain your health.

RATE YOUR HEALTH INDEX:

Where do you think you are at in your total health? _____ 1-10 10 being the best health
Are you willing and committed to make the changes needed to improve your health? _____

_____ Date _____

Practice Member's Signature or Guardian

Doctor Only _____

Doctor Only _____

Doctor Only _____