

**GEORGE'S CHIROPRACTIC  
HEALTH CENTER**

[www.GeorgesChiropractic.com](http://www.GeorgesChiropractic.com)

1676 Manheim Pike  
Lancaster PA 17601  
Phone 717 569 5731

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***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 3<sup>rd</sup> 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:**

1<sup>st</sup> \_\_\_\_\_ Age \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Age \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ Age \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_ Age \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ Age \_\_\_\_\_ 6<sup>th</sup> \_\_\_\_\_ Age \_\_\_\_\_

Ever under chiropractor 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 in the past & year? \_\_\_\_\_

SURGERIES: Body Part & Year? \_\_\_\_\_

MEDICATIONS: Masking what symptom? \_\_\_\_\_

**Loss of Health/Poor Healing = Interference to Central Nerve System & Lifestyle Choices**

- 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? \_\_\_\_\_

Doctor Only \_\_\_\_\_

Doctor Only \_\_\_\_\_

Doctor Only \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Practice Member's Signature or Guardian**