



Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Todays Date \_\_\_\_\_  
 Gender M F Other \_\_\_\_\_ Cell # \_\_\_\_\_ Marital Status S M D W  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email address \_\_\_\_\_ # of children & ages \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 How did you find Live Well  online  location  referred by (name): \_\_\_\_\_

Main reason for consulting Live Well \_\_\_\_\_

Health condition #1 \_\_\_\_\_

When & how did the problem start \_\_\_\_\_ Severity 0 1 2 3 4 5 6 7 8 9 10

Any other details you would like us to know \_\_\_\_\_

Health condition #2 \_\_\_\_\_

When & how did the problem start \_\_\_\_\_ Severity 0 1 2 3 4 5 6 7 8 9 10

Any other details you would like us to know \_\_\_\_\_

Any other concerns with these areas?  shoulder  elbow  wrist  knee  foot/ankle  jaw

Have you been to a chiropractor before? Y N \_\_\_\_\_

Are you pregnant? Y N How many pregnancies? \_\_\_\_\_ How many miscarriages? \_\_\_\_\_

Please check all symptoms you have ever had, even if they do not seem related to your current problem.

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Dizziness/fainting       | <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Fever         | <input type="checkbox"/> Diabetes             |
| <input type="checkbox"/> Difficulty breathing     | <input type="checkbox"/> Depression              | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Digestive issues     |
| <input type="checkbox"/> Headaches                | <input type="checkbox"/> Loss of balance         | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Ulcers               |
| <input type="checkbox"/> Numbness in fingers/toes | <input type="checkbox"/> Problems urinating      | <input type="checkbox"/> Pacemaker     | <input type="checkbox"/> Circulatory problems |
| <input type="checkbox"/> Sleeping problems        | <input type="checkbox"/> Constipation/diarrhea   | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Birth control pills  |
| <input type="checkbox"/> Heartburn/reflux         | <input type="checkbox"/> Fatigue                 | <input type="checkbox"/> Allergies     | <input type="checkbox"/> Sinus problems       |
| <input type="checkbox"/> Menstrual irregularity   | <input type="checkbox"/> Poor immune function    | <input type="checkbox"/> ADHD/ADD      | <input type="checkbox"/> Gallbladder issues   |
| <input type="checkbox"/> Ringing in the ears      | <input type="checkbox"/> Thyroid issues          | <input type="checkbox"/> Hot flashes   | <input type="checkbox"/> Prostate issues      |
| <input type="checkbox"/> Nausea                   | <input type="checkbox"/> High/low blood pressure | <input type="checkbox"/> Broken bones  | _____   |

List any surgeries \_\_\_\_\_

Medications currently taking \_\_\_\_\_

Please check any that apply.

- Birth Traumas (as a baby or mom) \_\_\_\_\_
- Falls/accidents/injuries \_\_\_\_\_
- Sedentary lifestyle \_\_\_\_\_
- Sitting for long periods of time \_\_\_\_\_
- Exposure to toxins/mold/chemicals \_\_\_\_\_
- Long term medication usage \_\_\_\_\_
- Frequently consume processed/fast foods \_\_\_\_\_
- Emotional stress or trauma \_\_\_\_\_

How often do you exercise and what kinds of exercise? \_\_\_\_\_

What position do you sleep in? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Drink alcohol? \_\_\_\_\_ Diet drinks/sodas? \_\_\_\_\_ How many cups of coffee a day? \_\_\_\_\_

How much water do you drink? \_\_\_\_\_

What supplements do you take? \_\_\_\_\_

Typical energy levels throughout the day? 0 (none) 1 2 3 4 5 6 7 8 9 10 (high)



## WELLNESS EVALUATION

Name \_\_\_\_\_

Date \_\_\_\_\_

At Live Well we look at patients through three key areas - structural, neurologic and metabolic. Inflammation in any of these systems can affect how your body feels and heals, even if the symptoms seem unreal.

This quick evaluation helps us uncover underlying inflammation that may be contributing to pain, fatigue or other health issues so we can better support your whole-body wellness.

Please check any that apply to you:

### Sub-Clinical Symptoms Including:

- Headaches
- Migraines

### Hormone Imbalance Including:

- PMS
- Emotional imbalance

### Gastrointestinal Issues Including:

- Abdominal bloating, cramps or painful gas
- Irritable Bowel Syndrome
- Ulcerative Colitis
- Crohn's Disease and other intestinal disorders

### Respiratory Conditions Including:

- Chronic sinusitis
- Asthma
- Allergies

### Joint Conditions Including:

- Knee, Shoulder, or Spine

### Autoimmune Conditions Including:

- Diabetes Mellitus
- Lupus
- Rheumatoid Arthritis
- Fibromyalgia
- Chronic Fatigue

### Thyroid Conditions Including:

- Hashimotos
- Hypothyroidism
- Hyperthyroidism

### Developmental and Social Concerns Including:

- Autism
- ADD/ADHD

### Skin Conditions Including:

- Eczema
- Skin rashes
- Hives

Circle the number that most closely fits, then add up your results.

	None	Mild	Mod	Severe
Constipation and/or diarrhea	0	1	2	3
Abdominal pain or bloating	0	1	2	3
Mucous or blood in stool	0	1	2	3
Joint pain or swelling, arthritis	0	1	2	3
Chronic or frequent fatigue or tiredness	0	1	2	3
Food allergies, sensitivities or intolerance	0	1	2	3
Sinus or nasal congestion	0	1	2	3
Chronic or frequent inflammations	0	1	2	3
Eczema, skin rashes or hives (urticaria)	0	1	2	3

	None	Mild	Mod	Severe
Asthma, Hayfever, or airborne allergies	0	1	2	3
Confusion, poor memory or mood swings	0	1	2	3
Use of NSAIDS (Aspirin, Tylenol, Motrin)	0	1	2	3
History of antibiotic use	0	1	2	3
Alcohol consumption makes you feel sick	0	1	2	3
Gluten sensitivity or Celiac's disease	0	1	2	3
Nausea	0	1	2	3
Weight issues	0	1	2	3

**YOUR TOTAL** \_\_\_\_\_

## Live Well Chiropractic

1330 SW 160th Ave

Sunrise, FL 33326

954-384-3275

**NOTICE OF PRIVACY PRACTICES:** The following are policies of Live Well Chiropractic and will be implemented unless patients notify Live Well Chiropractic in writing that they do not wish to participate:

### **OPEN ADJUSTING ENVIRONMENT:**

It is the practice of Live Well Chiropractic to provide chiropractic care in an "open adjusting" environment. "Open adjusting" involves several patients being in the same adjusting area at the same time. Patients may be within sight of one another and some ongoing routine details of care may be discussed within earshot of other patients and staff. The environment is used for ongoing care and is NOT the environment used for taking patient histories or performing examinations. These procedures are completed in a private, confidential setting. If there is ever a time that you would like to discuss something in private with one of the doctors just ask for a private setting.

We are requesting this authorization of you due to various interpretations under federal law with respect to what is known as "incidental disclosures" of health information. It is our view that the kinds of matters related to an "open adjusting" environment are incidental matters. In the event, you or someone else would not agree with us, we are providing this disclosure.

- It is our desire for our staff to use your name, address, email address and/or telephone number for the purpose of contacting you to advise you about health-related meetings, workshops, and important office information such as office hour changes and cancellations.
- It is our desire for our staff to use your name and/or signature on our sign-in sheets in order to verify your office visit.
- As a courtesy to our patients, if you miss an appointment, it is our policy to call your home to reschedule your appointment time. If you are not home, we will leave a message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment.

The use of this information is intended to make your experience with our office more efficient, productive, and to further enhance your access to quality chiropractic care. If you choose to not authorize the use of this information, your decision will have no adverse effect on your care from Live Well Chiropractic or on your relationship with our staff.

Live Well Chiropractic reserves the right to change this notice and to make the revised Privacy Notice effective for all your protected health information that it contains.

Live Well Chiropractic Privacy Officer is Dr. John Moore. You may contact him at 954.384.3275.

### **ACKNOWLEDGMENT:**

I acknowledge that I have been offered to review a copy of the Live Well Chiropractic Notice of Privacy Practices.

\_\_\_\_\_  
Name of Individual (please print)

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Date

If Patient is a Minor, \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

Live Well Chiropractic  
1330 SW 160th Ave  
Sunrise, FL 33326  
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## Terms of Acceptance

Welcome to our office! We are excited that you have taken the first step to enjoying a healthier life through safe and effective chiropractic care. We hope to teach and inspire our patients to achieve higher standards of health and wellness. Before we begin there are a few things to review.

When a patient seeks chiropractic health care and we accept a patient for such care, it is essential for both to be working towards the same objective.

**Chiropractic has only one goal: to eliminate misalignments within the spinal column which interfere with the expression of the body's innate wisdom.** It is important that each patient understand both the objective and the method that will be used to attain our goal. This will prevent any confusion or disappointment.

**Adjustment:** the specific application of forces to facilitate the body's correction of vertebral subluxation. Our chiropractic method is specific adjustments of the spine.

**Health:** a state of optimal physical, mental, and social well-being, not merely the absence of disease.

**Vertebral Subluxation:** a misalignment of one or more of the 24 vertebrae in the spinal column which causes alteration of nerve function and interference to the transmission of mental impulses, resulting in a lessening of the body's innate ability to express its maximum health potential.

We do not offer to diagnose or treat any disease or condition other than vertebral subluxation. However, if during the course of chiropractic spinal examination we encounter non-chiropractic or unusual findings, we will advise you. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a health care provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others. **OUR ONLY PRACTICE OBJECTIVE is to eliminate major interference to the expression of the body's innate wisdom. Our only method is specifically adjusting to correct vertebral subluxations.**

I, \_\_\_\_\_ have read and fully understand the above statements. All questions regarding the doctor's objectives pertaining to my care in this office have been answered to my complete satisfaction.

I, therefore, accept chiropractic care on this basis.

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Signature

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Date