



**P**alma **C**eia  
Chiropractic & Wellness  
Center

*Educating and Empowering Families to  
Maximize their Life's Potential*

**PATIENT APPLICATION FORM**

WELCOME TO OUR OFFICE. We specialize in assisting our patients to achieve their highest level of health through our spinal and postural corrective programs. Our approach is very unique and advanced from other rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept. Please feel free to ask any questions if you need assistance. We look forward to helping you achieve maximum health!

Patient Signature \_\_\_\_\_

Date: \_\_\_\_\_

# PATIENT APPLICATION SURVEY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Would you like to receive our weekly health tips via email? Yes No

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_ Marital Status: S M D W

Occupation: \_\_\_\_\_ # of Children: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

How were you referred to our office?: \_\_\_\_\_

## PURPOSE OF THIS VISIT

Reason for this visit - Main Complaint: \_\_\_\_\_

Is the reason for this visit related to an auto accident/work injury?  Yes  No If yes; date of accident: \_\_\_\_\_

When did this condition begin? \_\_\_\_\_ Did it begin:  Gradual  Sudden  Progressive over time

What activities aggravate your symptoms? \_\_\_\_\_

Is there anything that has relieved your symptoms? \_\_\_\_\_

Type of pain:  Sharp  Dull  Ache  Burn  Throb  Spasm  Numb  Tingling  Shooting

Does the pain radiate into your:  Arm  Leg  Does not radiate Is this condition getting worse?  Y  N

How often do you experience these symptoms throughout the day?  100%  75%  50%  25%  10%

Only With Activity

Does the complaint interfere with:  Work  Sleep  Hobbies  Daily Routine  Other: \_\_\_\_\_

Have you experienced this condition before?  Yes  No If so, please explain: \_\_\_\_\_

Who have you seen for help with this condition? \_\_\_\_\_

What treatment did you receive? \_\_\_\_\_ How did you respond? \_\_\_\_\_

Please list any other health symptoms or complaints: \_\_\_\_\_

Please list the medications you are currently taking and their purpose: \_\_\_\_\_

Please list all past surgeries: \_\_\_\_\_

Please list all previous accidents and falls: \_\_\_\_\_

Spinal health is especially important during pregnancy; is there **any chance** that you are pregnant?  Yes  No

Have you ever been diagnosed with cancer?  Yes  No Type: \_\_\_\_\_ Year Diagnosed: \_\_\_\_\_

## HEALTH LIFESTYLE

Do you exercise?  Y  N How often? 1x 2x 3x 4x 5x per week Other: \_\_\_\_\_

What activities? \_\_\_\_\_

Do you smoke?  Y  N How much? \_\_\_\_\_

Do you drink alcohol?  Y  N How much/week? \_\_\_\_\_

Do you drink coffee?  Y  N How many cups/day? \_\_\_\_\_

Do you take any supplements? (vitamins, etc.) \_\_\_\_\_

**HEALTH CONDITIONS:** Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted even slightly from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called subluxations. It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted POSTURE. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is called Forward Head Syndrome (a "hunched forward" posture starting in the neck and progressively moving down your spine, weakening the entire body).

### **Please check any health conditions you may be experiencing now, or in the past:**

#### **CERVICAL SPINE (NECK):**

Postural distortions from subluxations in your neck will weaken the nerves in your arms, hands, and head affecting these parts of your body. Do you experience:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Neck pain                       | <input type="checkbox"/> Headaches           | <input type="checkbox"/> Sinusitis                |
| <input type="checkbox"/> Arm/shoulder/hand pain          | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Allergies/hay fever      |
| <input type="checkbox"/> Numbness/tingling in arms/hands | <input type="checkbox"/> Visual disturbances | <input type="checkbox"/> Recurrent colds/flu      |
| <input type="checkbox"/> Hearing disturbances            | <input type="checkbox"/> Coldness in hands   | <input type="checkbox"/> Low energy/fatigue       |
| <input type="checkbox"/> Weakness in grip                | <input type="checkbox"/> Thyroid conditions  | <input type="checkbox"/> TMJ/pain/clicking in jaw |
| <input type="checkbox"/> Other _____                     |  |   |

#### **THORACIC SPINE (UPPER BACK):**

Postural distortions from subluxations in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Recurrent lung infections/bronchitis | <input type="checkbox"/> Asthma/wheezing                |
| <input type="checkbox"/> Heart murmurs      | <input type="checkbox"/> Shortness of breath                  | <input type="checkbox"/> Pain when taking a deep breath |
| <input type="checkbox"/> Tachycardia        | <input type="checkbox"/> Heart attacks/angina                 | <input type="checkbox"/> Upper back/shoulder pain       |
| <input type="checkbox"/> Other _____        |   |   |

#### **THORACIC SPINE (MID BACK):**

Postural distortions from subluxations in the mid back will weaken the nerves to your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mid back pain        | <input type="checkbox"/> Nausea   | <input type="checkbox"/> Ulcers/gastritis |
| <input type="checkbox"/> Pain into ribs/chest | <input type="checkbox"/> Indigestion/heartburn  | <input type="checkbox"/> Hypoglycemia     |
| <input type="checkbox"/> Reflux               | <input type="checkbox"/> Tired/irritable after eating or when you haven't eaten for a while |   |
| <input type="checkbox"/> Other _____          |   |   |

#### **LUMBAR SPINE (LOW BACK):**

Postural distortions from subluxations in the low back will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Pain in hips/legs/feet         | <input type="checkbox"/> Weakness/injuries in hips/knees/ankles      | <input type="checkbox"/> Low back pain         |
| <input type="checkbox"/> Numbness/tingling in legs/feet | <input type="checkbox"/> Recurrent bladder infections                | <input type="checkbox"/> Constipation/diarrhea |
| <input type="checkbox"/> Coldness in legs/feet          | <input type="checkbox"/> Frequent/difficulty urinating               | <input type="checkbox"/> Sexual dysfunction    |
| <input type="checkbox"/> Muscle cramps in legs/feet     | <input type="checkbox"/> Menstrual irregularities/cramping (females) |  |
| <input type="checkbox"/> Other _____                    |  |  |

Please list any health conditions not mentioned: \_\_\_\_\_

\_\_\_\_\_