Comprehensive Health Profile

		City:		State:		
	Home Phone:		Phone:	anol 10 mbrille		
E-Mail:	Date of Birth:	O	ccupation:	Lin decimals (2)		
How did you d	liscover our office and the professional service	es we offer?				
important inf	ete this general health history and wellne formation to better understand your histor I quality of life compromise you may now	y and long term	needs, as well a			
	ur Health Concern or Symptoms a ve a current health/life situation or concern? Is	The state of the s		ce Your Life		
2. When did	this situation or concern begin?		77 111 11 111 111 111 111 111 111 111 1			
3. Have you	. Have you done anything about this situation or concern or been given any advice or treatment for it? \(\sigma\)Yes \(\sigma\)N					
	at were you told?			in to the Very Build In I		
	done?		emidifoloitates	Boot mark for		
	n to work?					
	different about you after treatment?					
7. What was	different about your condition or symptom aft	ter treatment?	Total Control of the last	econtrol (b		
8. Have your	Have your concerns changed since treatment?					
0 - It (2 - It s	de the level to which this health concern(s) affed does not seem to affect me. 1 - 1 Seems to moderately affect me. 3 - 1 Work 0 1 2 3 Recreation/Pla Social life 0 1 2 3 Walking Exercise 0 1 2 3 Eating Concern about particular symptom/condition	It seems to slight It seems to drast ay 0 1 2 3 0 1 2 3 0 1 2 3	ly affect me. ically affect me. Rest/Sleep Sitting Love life	0123		
Commer			There are even	Saff Elder Bussille. A		
Commer 10. Have any What did l	nts:other family members had the same or similar ne/she do about them?	concerns? □Yes	Topully Styles of			
Commer 10. Have any What did l 11. Did it seer	nts:other family members had the same or similar ne/she do about them? n to work?	concerns? □Yes	reported to the second	produce seguity		
Commer 10. Have any What did l 11. Did it seer 12. How awar 13. Is there any	other family members had the same or similar ne/she do about them?	concerns? □Yes 2 3 at night	? 0 1 2 3	Thomas named in 18		
Commer 10. Have any What did I 11. Did it seer 12. How awar 13. Is there any concern?	other family members had the same or similar he/she do about them?	2 3 at night otally, forget about	? 0 1 2 3 this condition, sy	3 rmptom, or		
Commer 10. Have any What did I 11. Did it seer 12. How awar 13. Is there any concern? 14. Is there any	other family members had the same or similar ne/she do about them?	2 3 at night' otally, forget about	? 0 1 2 3 this condition, sy	mptom, or		
Commer 10. Have any What did I 11. Did it seer 12. How awar 13. Is there any concern? 14. Is there any 15. Why do ye	other family members had the same or similar ne/she do about them?	2 3 at night' otally, forget about re of the above?	? 0 1 2 d	3 multi-specific or mptom, or		
Commer 10. Have any What did I 11. Did it seer 12. How awar 13. Is there any concern? 14. Is there any 15. Why do you	other family members had the same or similar ne/she do about them?	2 3 at night otally, forget about re of the above?ppen to you?	? 0 1 2 3	3 mptom, or		

20.	Since the development of this condition/symptom/concern:					
	a) Have you changed any habits?					
	b) Held or touched part of your body more often or differently?					
0.1	c) Moaned, cried, or made sounds that you usually do not make?			The state of		
21.	Which best describes your current feeling about yourself and your situation?					
	a) I feel helpless, like little or nothing works.					
	b) This is terrible, really bad; I am scared and hope you can fix it for me.					
	c) I feel stuck and can't help myself right now.					
	d) I deserve more than what I have been experiencing and would like you to assist e) Anything else?	1000	W 18-0	entite extenses no		
22.	Please grade the following on a scale of 0 to 3					
	a) Currently, how inconvenient is your situation, condition, or symptom? b) How inconvenient was it in the past?	1	2 3			
	b) How inconvenient was it in the past?	1	2 3			
Pa	art II: Health/ Trauma/ Medical/Chiropractic and Healing 1	Histo	ry			
1.	Have you ever injured your spine (neck, head, back, hips)?					
	a) Date of most significant injury:			nell are sen w		
	b) What happened?					
	c) Date of most recent injury:					
	d) What happened?	et al lucio	II Troop	Hilamoran III		
2.	Please list medications (prescription or non prescription) you have taken within	n the p	ast 60 d	lays:		
3.	In the past, have you taken other medications for a period of more than three consecutives.	cutive n	nonths?	□Yes □No		
	a) What did you take?			autel II		
	b) What was the reason for taking this medication?					
4.	Have you had any spinal X-rays, CT scans, or MRI imaging of your spine, he	ead, ne	ck, bac	k, or hips?		
	☐Yes ☐No If yes, when?					
5.	What were you told about them?		and the	mod i		
	Where are these films now?			TO THE PARTY OF TH		
	Have you had any surgeries? □Yes □No Please explain:					
8.	Have you broken any bones or significantly sprained any part of your body?	HE THE	∃Yes	□No		
	Please explain:	طدارة	(September)	antigroup til Europe		
9.	Please list any herbs, nutritional supplements, or natural remedies you take regularly:					
10). Have you consulted a physician or any other health care provider in the past three months? Yes No					
11	. Has your spine ever been professionally adjusted/manipulated/entrained?		□Yes	□No		
-	a) By whom and when?					
	b) Why did you go?	Maria	low in the	hallm Frenz of 3		
	c) Are you still going?		□Yes	□No		
	d) What did he/she do for you?					
	a) what did ne/she do for you:	The same	LUB SID O	engionou sirb'il		
	a) Wara you plansed?		□Yes	□No		
	e) Were you pleased? D. Harra von received Network Spinal Applysic M. Care?		□Yes	□No		
	f) Have you received Network Spinal Analysis TM Care?		□Yes	□No		
	g) Has your family received Network Spinal Analysis TM Care?		168			

	or any other reason than routine evaluations?				
13. What is/was the reason for the visit(s)?					
14. When was your last visit?					
15. What was done or suggested?					
		atments or healing modalities? If so, please			
describe when you went, for how l	long you went, and	what the results were:			
Massage/Bodywork	2.2				
Emotional Therapy/Psychotherapy	14 1 <u>1 10 10 10 10 10 10 10 10 10 10 10 10 10</u>	o erecularist confutavionaria a dal-			
Osteopathy	mails out marense	(Luque, Militar (mila las move epa)			
Physiotherapy/Occupational Thera					
Music/Dance/Sound/Light/Aromat	therapy	an manual in south a make. The			
		The sale work become a proceed with the party			
Oriental Medicine/Acupuncture		relation - humanoscile or arteriorist - fr			
		en van Alten Sate Werks Tourist (+ 13			
Oxygen Therapy/Chelation Therap	у	a differenzamentamente de la la			
Rebirthing/Breathwork		Plant of Sylverd Proportion design of the Proportion of the Propor			
Yoga/Movement/Dance/Tai Chi/Cl	hi Gong				
Other:					
17. Do you have an exercise, meditation	* * *	al, or dietary program?			
		al, or dietary program?			
17. Do you have an exercise, meditation Please describe: 18. When stressed, how do you "center Part III: Stress Survey	er yourself' or "regi	al, or dietary program?			
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Part IV: Your Specific Needs and Hopes For Help in This Office:

In a published study of over 2,800 patients in Network Care, conducted within the Medical College at the University of California-Irvine, patients reported an overall improvement in all of the categories of health and wellness listed below. In question 1 and 2 rate the five choices using this scale:

a) Very important to me	b) Important to me		
c) Not so important to me	d) Does not apply		
. How do you hope to benefit from care	in the office?		
a) Improvement of my physical sy	mptoms		
b) Improvement of emotional/men			
c) Improvement of my ability to			
	life and the ability to make constructive choices		
e)Overall improved quality of life	Municipal Sympolitics of the Committee o		
2. For a slightly longer term goal, how do	you hope to benefit from care in the office?		
a) Improvement of my physical sy	ymptoms unartisted orbitation //		
b) Improvement of emotional/men			
c) Improvement of my ability to	react or respond to stress		
	life and the ability to make constructive choices		
e)Overall improved quality of life	Parkithan Uncelling and American		
3. Is there some aspect of your life that ve	ery much pleases you, brings you joy, or helps you to feel		
better about yourself?	P 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
4. Are there any particular factors or eleme	ents about your life experiences, family, work, recreation,		
past injuries, genetics, dietary programs	, exercises, outlook etc. that you feel impair your opportunity		
for full glowing health?	TWO prints to TILLS are trained to the Visit breat is continued in the Visit breather the		
5 Are there any particular factors or elem	nents about your life experiences, family, work, recreation,		
nast injuries genetics, dietary program	as, exercises, outlook, etc. that you feel give you an edge or		
add to your health?	re on the end to ender an encourse and under the foreground fire		
matematical describations of the statement	persity haveaught we min -e.		
V	are will help us hetter assist you to participate in a program		
Your answers to the following question	ons will help us better assist you to participate in a program pine, your nervous system, and your health and wellness.		
of care specifically focused on your sp	nne, your nervous system, und your neutil and remiessi		
6. When communicating to you about your	spine, nervous system, health and wellness (circle your preference):		
a) Mostly speak with me about the cl	inical findings. Tell me about the changes I am making.		
b) Mostly show me in written form the	e clinical findings. Let me see the changes that I am making.		
c) Mostly let me get a sense of the cl	inical work. Help me to feel the difference in my body.		
7. Is there anything else which may help	us to better understand you, your history, or your professional		
needs, that have not been addressed or	this survey? Please explain:		
AND AND DESCRIPTION OF THE PARTY OF THE PART			
8. What would motivate you to commun	icate to others about the care you receive in this office and to		
encourage others to seek care?	The state of the s		

Thank you for choosing our Network Spinal AnalysisTM office. We are looking forward to helping you to become successful in your ability to develop new strategies for a healthy spine, nervous system, and life. We are excited about the possibility of assisting you as you continue on your journey towards greater health and wellness.