FLOWER OF LIFE
CHIROPRACTIC

It's Been A While

Name_____ Sex: ❑ M ❑ F DOB___/___/___ Age_____

Address_____ City_____ State_____ zip _____

Phone Number_____ E-mail_____@_____.com

Spouse's Name _____ Number _____

Names of Child(ren) & Age(s)_____

It has been a while since we have seen you. Please update us on your life so we can best serve you! We want to know what has changed, what has occurred and what has brought you back. No detail is too small.

Your genes are not your destiny; your environment determines what genes are turned on and how they express. Your biography becomes your biology.

PLEASE NOTE ANY CHANGES/ EVENTS SINCE YOUR LAST VISIT:

Surgery (& year performed) : _____

_____

Accidents/Falls: _____

_____

Relationships (family, friends, significant other): _____

_____

Work:_____

Exercise: _____

Work:_____

Medication:_____

Diet: _____

CURRENT HEALTH CONCERNS

What is the reason for this reservation?_____

When did this begin?_____ Have you had this before? _____

Why do you think this is occurring?_____

Is there any other secondary condition/symptom that may be related?_____

Have you received any advice or treatment for this issue? (if yes than from who and what was result)

_____

Are there any other health concerns that are important to you? _____

Patient Signature _____ Date _____