

***Woltin Family Chiropractic
New Practice Member Questionnaire***

Name _____ SS # _____

Address _____ City _____ Zip _____

Age _____ Date _____ DOB ____ - ____ - ____ e-mail _____

Cell Phone _____ Evening phone _____

Occupation _____ # of years @ job _____

Marital Status S M D W P Spouses name _____ # of Children _____

Names of children and ages _____

How did you hear about us _____

Health History

What is your reason for seeking chiropractic care? _____

What are your goals for your health and wellness? _____

Do you consider yourself a healthy person? _____

Have you had previous chiropractic care? _____ when? _____

Were you happy with your last chiropractor? _____

Physical stress

Have you had any broken bones Y N Any serious falls or trauma? _____

Car Accidents? _____ Surgeries? _____

Do you perform repetitive movements at work? _____

Sleep position? _____ How many pillows do you sleep with? _____

Were you born breech, c-section, or forceps? _____

Do you exercise regularly? _____ Please describe _____

Chemical stress

Prescribed drugs you take _____

Prescribed drugs taken in the past _____

OTC drugs taken now _____

OTC drugs taken in the past _____

Vitamins/herbs _____

How much H2O do you drink? _____

Do you use NutraSweet _____ Splenda _____ MSG _____

Diet food _____ Alcohol _____ Cigarettes _____

Do you consider your diet nutritious? _____

Please describe your breakfast, lunch and dinner (including snacks) for the last 24 hours

Emotional stress

Stress level now? mild moderate high

Please circle all that apply and dates

Death in the family _____ moving _____ divorce _____ change in job _____

change in lifestyle _____ Birth of child _____ Marriage of child _____

Wellness Commitment

Woltin Family Chiropractic is dedicated to achieving total lasting health for our members. To better achieve this we need to understand your level of commitment toward being healthy. We do not ask for **financial commitment**, but for your cooperative commitment. Based on a scale of 10-100% **please circle** your level of commitment toward obtaining and maintaining health and wellness.

10%-----20%-----30%-----40%-----50%-----60%-----70%-----80%-----90%-----100%-----110%