Corrective Chiropractic Initial Nutrition Visit Form

Name ____ Date ___________________________

Address ____

City ________________________ State_______ Zip ______ Phone _______________________

Email____ Date of Birth ______________________

Whom can we thank for referring you? ____

Health History

Please list any major illnesses, injuries, surgeries (with approx. dates):

____

____

____

____

____

Please list any major scars or body piercings (please list):

____

____

Please list any medications // drugs you are currently taking + current dosage(s) + date you started:

____

____

Please list any herbs // supplements you are currently taking + current dosage(s) + date you started:

____

____

Are you currently under the care of a physician or other health care professional? If yes, please give name:

____

Do you have mercury fillings in your teeth? _____ Y _____ N

Were you a vaginal or C-section birth? ____

Were you breastfed or bottle-fed as an infant? ____

Marital Status: Single Engaged Married Divorced Widowed

Are you pregnant? _____ Y _____ N If so, how far along are you? ___________________________________

Do you have any other children? If so, how many? ____

Any family history of serious illnesses? Please circle all that apply:
Cancer // Diabetes // Heart // Stroke // Other:
____

____

Do you come in contact with household or other pets? If yes, please explain: ____________________________

Personal Habits: Do you use the following? If so, how much // often?

Cigarettes ________________ Coffee ________________ Alcohol _________________

Soda ____________________ Sugar _________________ Vegetable Oils ___________

Non-Prescription Drugs ________________

Please list any known allergies (ex: foods, medications, spices, environment, etc.)

- Dairy
- Eggs
- Garlic
- Gluten
- Mold
- Peanut
- Ragweed
- Shellfish
- Soy
- Sulfa Drugs
- Fragrances
- Tree Nuts
- Wheat
- Other: ___________________ ___________________

What is your #1 health concern? ____

Signature: ____ **Date**: ___________________