

Have you ever had surgery? (explain, when?):

Is there anything about your nervous system or spine that we should know about?

Past history conditions: (i.e.: cancer, stroke, etc.)

Are you taking any medications over the counter or prescription? (please list):

History of physical stress, trauma or challenges (i.e.: falls, auto accidents, etc.):

Occupation: _____

Employer: _____

Satisfaction with career? _____ Great _____ Okay _____ Dissatisfied

History of emotional stress, trauma, challenges:

What do you do for play and or relaxation?

How much and what kind of exercise do you do?

What did you have for breakfast, lunch and dinner yesterday?

How many glasses of water do you drink per day?

What else do you drink for fluid intake?

How many hours of sleep do you get per night? _____

Quality of your sleep? _____ Great _____ Okay _____ Poor

For women: Are you Pregnant? _____ No _____ Yes Are you nursing _____ No _____ Yes

What is your level of commitment to yourself, your life and well-being?

_____ High _____ Medium _____ Low