



DODY CHIROPRACTIC CENTER FOR WHOLENESS

— Restoring Balance, Harmony and Ease —

Welcome...

Your first visit to our center is an opportunity for us to learn all about you and your family. It is a time for you to share with us where you are now in your health and life as well as what you would like to move toward. You may also find your ideas about who you are and your true health and life potentials expanding as you take your first step with us on your joyous journey toward ever-higher levels of health, wellness and wholeness. And away we go!

Personal Information

Name _____ Birth Date ____/____/____ Today's Date ____/____/____

Phone (H) _____ (W) _____ Ext. _____ (Cell) _____

Address _____
Number & Street City State Zip

Email Address _____

Single Married/Partnered Widowed Divorced Spouse/Partner's Name _____

of Kids ____ How many at home? ____ Names & ages: _____

Self-employed? Yes No What kind of work do you do? _____

Do you have a primary healthcare advisor? Yes No What type? MD DO Other _____

Have you ever been to a chiropractor before? Yes No Approximate date of last visit ____/____/____

Dr.'s Name/City/State: _____ Good results? Yes No

Have you ever been told you have any problems/defects in your spine or nerve system? Yes No

If yes, what? _____

Please check if you are here for any of the following: Motor Vehicle Injury Work Injury Other Injury

Whom may we thank for referring you to our center? _____

Let's Find Out Why You're Here...

What is the main reason for your visit today? _____

Any other specific concerns? _____



And How You Got to Where You Are Now...

Are there any specific physical, chemical or emotional stresses you are aware of that your mother endured while she was pregnant with you? Yes No

Please explain _____

I was born In a Hospital At Home Any complications with your birth? Yes No

Were you generally healthy and happy during your early childhood years? Yes No

Any specific physical, chemical or emotional stresses you wish to share from your early childhood?

Were you generally healthy and happy during your teen/early adult years? Yes No

Any specific physical, chemical or emotional stresses you wish to share from your teen/early adult years?

Are you/have you been generally healthy and happy during your adult years? Yes No

Any specific physical, chemical or emotional stresses you wish to share from your adult years?

Please list any specific health challenges you have overcome in your life _____

Please list any specific health problems from your family's history that you believe are significant to you

Which Direction Are You Headed?

Currently my physical health is Excellent Good Fair Poor
And I feel it's Improving Staying the Same Getting Worse Up & Down

Currently my mental health is Excellent Good Fair Poor
And I feel it's Improving Staying the Same Getting Worse Up & Down

Currently my emotional health is Excellent Good Fair Poor
And I feel it's Improving Staying the Same Getting Worse Up & Down

Currently my social well being is Excellent Good Fair Poor
And I feel it's Improving Staying the Same Getting Worse Up & Down

Currently my spiritual well being is Excellent Good Fair Poor
And I feel it's Improving Staying the Same Getting Worse Up & Down

Because of My Care Here, I Hope to See Improvement in My...

(1=Very Important To Me 2= Important To Me 3= Not So Important To Me 4= Does Not Apply To Me)

Physical Well Being	1	2	3	4
Mental and Emotional Well Being	1	2	3	4
Ability to Respond Constructively to Stress	1	2	3	4
Overall Level of JOY in Life	1	2	3	4
Making Healthy & Constructive Lifestyle Choices	1	2	3	4
Overall Quality of Life	1	2	3	4

Will you be as happy and healthy as you are today (or BETTER) in 5 years? Yes No Not Sure

If yes, what will you do to make sure you are? _____

If no or not sure, what *could* you do to *start* getting happier & healthier? _____

How committed are you to actively participating in moving yourself toward greater levels of happiness, peace, excitement, health, wellness and wholeness? (Circle your answer)

Not at all 1 2 3 4 5 6 7 8 9 10 100% Committed

Let's Make Sure We're On the Same Page...

When an individual or family seeks and is accepted into a program of **wholeness** or **Life-based** chiropractic care, it is essential for all parties to be working toward the same objectives. We have only one goal, and it is important that everyone understands both our objective and the methods we will use to move consistently toward that objective.

Your care in our center is not a substitute or alternative for, nor is it a preventative form of *medicine*. Medically-based care specializes in the *diagnosis* and *treatment* of specific symptoms, illness and disease. Our Life-based Chiropractic care specializes solely in helping people of all ages ensure that their spines and nerve systems are functioning as optimally as possible. This in turn allows a fuller expression of Life Energy in their bodies.

So while the natural result of a higher expression of Life Energy *is* increased **health, wellness** and an **overall expansion of your well being**, we will not diagnose, treat or attempt to cure any specific physical, mental or emotional ailment, nor will we give advice about specific medical conditions or treatments.

If you are seeking care for the removal of a *specific* medical symptom or condition, we suggest you seek additional help from a symptom, illness, and disease orientated professional if you feel that our wholeness-based approach will not be sufficient in progressively raising you to the levels of health, wellness and wholeness you desire for yourself and your family.

I, _____, have read and understand the above statement and I hereby give permission for Dr. Michael Dody to continue with my child's and/or my initial consultation and assessment. I also agree to return at a later date to attend an orientation and allow Dr. Dody to report his findings and recommendations to me immediately following the orientation. By agreeing to this, I am in no way obligated to follow the advice given to me in the orientation and report of findings.

Signed _____ Date ____/____/____

We sincerely thank you for choosing our center and for taking the time to honestly reflect upon and share your current level of health and well being, as well as your goals. We look forward to helping you maximize your experience and expression of health and life!