Initial Consultation Questionnaire

Welcome to Sydney Wellness Chiropractic.

Everything discussed in the consultation **today is about you**. Tensions build up in the body in response to physical, emotional and chemical stresses. The detailed information you provide in response to the following questions will help us better understand you and your body.

The following information is private & confidential.

Name:_____Occupation:_____
Address: _____ _____Post Code: _____
Phone: Home: _____Work:_____Mobile: _____
Email Address: _____Date of Birth: ____/____/_____Age: _____

How did you hear about Sydney Wellness Chiropractic (name of referrer):: ....

What would you like to receive from care at Sydney Wellness Chiropractic (please circle)::

O	Symptom relief	O	Improved posture
O	Better sleep	O	Greater energy levels
O	Less tension / greater flexibility	O	Prevention of spinal decay
O	Improved capacity to cope with stress	O	Full spine correction
O	Improved concentration	O	Improved health & wellbeing
O	Stronger immunity	O	Personal development (greater life enjoyment)
O	Enhanced sporting performance	O	All of above

Previous chiropractic care

Have you previously had your spine professionally checked by a Doctor of Chiropractic? Yes / No
If yes, when and by whom? _____ When was your last visit?_____
How long were you under care for? _____ If you stopped, why?_____

What is your main area of concern? (please describe)

(If you have NO specific concern & are seeking 'wellness care' please turn over to the 'General Health' section)

When did this problem begin? ....
Do you know what caused this problem? ....
What makes it better? ....
What makes it worse? ....

How frequent is it? (please circle)

Constant (100%) Frequent (>50%) Occasional (25 - 49%) Intermittent (<25%)

Are your symptoms (please circle)

Increasing Decreasing Not changing

Have you had any previous treatment for this problem and did it work?

What affect does this have on your life?

General Health ::

Do you have or experience any of the following symptoms/conditions? (please tick as many as applicable)::

o Headache / Migraine	o Changes in balance / coordination	O Arthritis
o Neck pain/stiffness	o Changes in normal muscle strength	O Osteoporosis
o Back pain/stiffness	o Changes in hand / feet temperature	O Anxiety / depression
o Dizziness	o Jaw tension / clenching	O Trouble speaking
o Heart condition	o Weight change (recent gain / loss)	O Hormonal problems
o Numbness / Tingling	o Ringing in ears	O Breathing difficulties
o Lung condition	o Memory problems	O Allergies / sinus troubles
o Digestive condition	o Difficulty sleeping	O Bladder or kidney trouble
O Visual changes	o Poor circulation	O Reproductive probs / painful periods
O Joint pain	o High Cholesterol	O cancer
O Night pain	o High/Low blood pressure	O Difficulty sleeping

List any other major conditions or surgeries (past or present)::

How would you rate your physical heath? (please circle)

Terrible Poor Fair Good Excellent Is it :: Getting better Getting worse Not changing

How would you rate your mental / emotional heath? (please circle)

Terrible Poor Fair Good Excellent Is it:: Getting better Getting worse Not changing

How would you rate your quality of sleep? (please circle)

Terrible Poor Fair Good Excellent do you sleep :: front side back

How would you rate your immune system? (please circle)

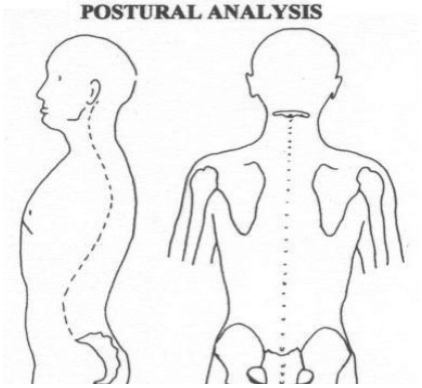
Terrible Poor Fair Good Excellent Is it :: Getting better Getting worse Not changing

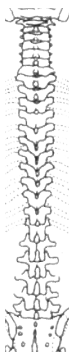
How would you rate your energy level? (please circle)

Terrible Poor Fair Good Excellent Is it :: Getting better Getting worse Not changing

How would you rate your posture? (please circle)

Terrible Poor Fair Good Excellent Is it :: Getting better Getting worse Not changing





Tensions build up in your body in response to physical, emotional and chemical stress. The care you will receive at Sydney Wellness Chiropractic will help you release tensions from your spine, nervous system and body. The following questions will help us understand the stresses you have experienced up until now, and how they may have contributed to your current health status.

Physical Stress ::

Please list the major physical traumas you have had (eg. falls, car accidents, broken bones, etc) along with the approximate date they occurred.Please include any ongoing problems that resulted but did not necessarily occur at the time of injury::

Please list any prolonged postures you hold your body in for extended periods (past or present)::
(eg. sitting at a computer, breast feeding etc)

Chemical Stress::

Please list any current medications, reasons for taking them and when prescribed (if applicable)::

Past significant medications (strong pain killers, anaesthetics, steroids etc):: .....

Exposure to major chemical toxins in your life (eg. fumes, asbestos etc):: .....

Please provide details of any recreational medication/drug use :: .....

Briefly describe your diet (eg, meat and veg, vegeterian, artificial sweeteners, refined foods, vitamins etc) ::

How many glasses of water do you drink per day? .....

How many cups of coffee /tea do you drink on an average day? .....

How many glasses of alcohol do you consume on average per week? .....

Are you a smoker? Y / N Please describe your habits :: .....

Mental / Emotional Stress ::

Please list significant mental / emotional stresses you have experienced since birth, please indicate your age at the time (eg. Family break ups, deaths, school or work stress, change in lifestyle, abuse, traumatic events, etc)::

Current mental / emotional stresses (eg. work, relationships, health concerns, financial, social etc) ::

Further Questions: :

What other types of treatments or activities (past and present) have you used for improving your health, for stress relief or for personal development?
(eg. doctor, physio, naturopath, acupuncture, massage, meditation, yoga, motivational course etc.)

Is there anything else about your health or life circumstances, which you think may be relevant?

Important Information:

At Sydney wellness chiropractic, we use different specific form of chiropractic. One of them is called Network Care. This technique is noted for being extremely gentle and for the profound results it produces. Our job is to help you release stress and tension from your spine and nervous system.

Research has shown that Network Care dramatically improves people's enjoyment and quality of life, with benefits including: greater flexibility and energy levels, improved physical and emotional symptoms, general wellbeing, greater mental clarity and an increased ability to cope with stress.

Some people notice their body detoxifying after adjustments which may be felt as headaches, tiredness etc. You may also notice at times old aches and pains resurfacing or emotions releasing. If you have any concerns at all please mention them to us. As your experiences and perceptions change with this work, your life will change.

The contacts / touches used during your Network adjustment (aka: entrainment) are primarily focused at the areas of the spine where the spinal cord attaches to bone. These areas include the neck and pelvis, right down to the tip of the tailbone and up to the base of your skull.

During adjustments it is common to notice changes in your breath and / or areas of your body spontaneously moving (rocking, stretching, twitching etc). The movements and the flow of breath unwind built up tension around your spine. For the best results, please allow / encourage your body in this process as much as possible. If you feel the urge to stretch, move or breathe differently, please do so. Please let me know if you have any preference.

Not: We do not accept any third party cases such as Work cover, Motor Vehicle Accident or Dept of Veterans Affairs.

Cancellation Policy:
Missed appointments & Cancellations with <24 hours notice incur full fee. If scheduling permits, you may change your appointment time once within the same day at no charge.

Consent:
I understand the above and consent to care.
Note: if under 18 years of age, please have your parent or care giver sign for you.

Signed::

Date:: / /

Thank you for your time and attention.