



1091 N Bluff Street; #309
St. George, UT
84770
(435) 688-0444

CLIENT APPLICATION:

HEALTH HISTORY

On a scale of 1-10 (1- not at all, 10 – very) how dedicated to your health are you? _____

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Occupation: _____ Work Phone: _____

Employer: _____ Work Address: _____

Work City: _____ State: _____ Zip: _____

Spouse: _____ Children (names/ages): _____

Email: _____

Your preferred method of contact: ___ Text ___ Email ___ Phone call/leave message

Who referred you to us? _____

Past Chiropractic experience: Yes / No; Dr.'s Name/ Location _____

_____ Last Visit: _____

Current Medical Care: Yes / No Why? _____

Current Drugs / Medication? _____

Reason for Consulting this office? _____

**PLEASE CHECK THE ONE CHOICE THAT MOST CLOSELY DESCRIBES
YOUR CURRENT GOALS FOR HEALTH/WELLBEING.**

- I am only concerned about relief of a particular symptom.
- I am only concerned about relief of a particular symptom, and preventing its return.
- I want optimum health and wellbeing on every level available to me.

We accept payment by Cash, Check and Credit Card.

I, the undersigned, understand that all services are to be paid in full at the time of service, unless other arrangements have been made and agreed upon in writing.

Signature: _____ Date: _____

- The human body is designed to express health and function normally. However, events may occur in life, which can interfere with this natural ability.
- This interference is most commonly caused by VERTEBRAL SUBLUXATIONS, resulting from physical, chemical or emotional stress.
- The practice of chiropractic is based on locating and reducing the vertebral subluxation, which causes nerve system interference.

Please check any that apply

PLEASE TELL US ABOUT ANY STRESSORS AT YOUR BIRTH:

<ul style="list-style-type: none"> <input type="radio"/> Drugs/medicine/tobacco/alcohol during pregnancy? <input type="radio"/> Labor chemically induced? <input type="radio"/> Forceps/Vacuum Extraction/C-section <input type="radio"/> Premature Delivery? <input type="radio"/> Vaccinations? <input type="radio"/> Falls in the first year of life? <input type="radio"/> Any health related problems? 	<p style="text-align: center;">Explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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PLEASE TELL US ABOUT ANY STRESSORS ASSOCIATED WITH CHILDHOOD:

<ul style="list-style-type: none"> <input type="radio"/> Any falls or injuries? <input type="radio"/> Allergy/Asthma or Respiratory Problems? <input type="radio"/> Ear Infections? <input type="radio"/> Digestive Enzymes? <input type="radio"/> Hyperactivity? <input type="radio"/> Any other health related problems? 	<p style="text-align: center;">Explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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PLEASE TELL ME ABOUT ANY STRESS UP TO PRESENT:

<ul style="list-style-type: none"> <input type="radio"/> <u>Auto Accident or Injury?</u> <input type="radio"/> <u>Work Injury?</u> <input type="radio"/> <u>Sports Injury?</u> <input type="radio"/> <u>Work Stress?</u> <input type="radio"/> <u>Family / Home Stress?</u> <input type="radio"/> <u>Prescription Drug Use?</u> <input type="radio"/> <u>Non-Prescription Drug Use?</u> <input type="radio"/> <u>Ever Hospitalized?</u> <input type="radio"/> <u>Surgery?</u> <input type="radio"/> <u>Any Major Illness?</u> <input type="radio"/> <u>Re-occurring Illnesses?</u> <input type="radio"/> <u>Limited Exercise?</u> <input type="radio"/> <u>Poor Nutrition?</u> 	<p style="text-align: center;">Explain:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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Anything else? _____



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Promotional Disclaimer

Simply Health Chiropractic is dedicated to the education of the general public and other professionals. Upon receiving care and having success with your care you may be asked to tell your story. We know that as you feel better you will want to share your success to inspire and convince others that Upper Cervical Chiropractic can help and can bring new life and health to your friends and family.

As always know that your information and story is yours and your privacy is covered by law according to H.I.P.P.A. regulations, your personal information will never be divulged or used unless permission is given by you to us.

You can do so now.

I, _____, hereby give my permission for Simply Health Chiropractic Center PLLC to use (check one or both)

my profile and/or

my testimonial

for promotion of aforementioned business; in such uses as, but limited to, the internet, webpage, YouTube, pamphlets, etc.

Simply Health promises to use your profile in a professional manner so as not to demean personal character or reputations. Upon request, I understand that I can have Simply Health remove any of my endorsements or profiles connected to Simply Health Chiropractic PLLC. I understand that removal of such item can take up to 30 days to remove and I can be held responsible for reprinting of such materials.

Signed, _____ Date: _____