



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"> <li><input type="radio"/> Drugs/medicine/tobacco/alcohol during pregnancy?</li> <li><input type="radio"/> Labor chemically induced?</li> <li><input type="radio"/> Forceps/Vacuum Extraction/C-section</li> <li><input type="radio"/> Premature Delivery?</li> <li><input type="radio"/> Vaccinations?</li> <li><input type="radio"/> Falls in the first year of life?</li> <li><input type="radio"/> Any health related problems?</li> </ul>	<p>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"> <li><input type="radio"/> Any falls or injuries?</li> <li><input type="radio"/> Allergy/Asthma or Respiratory Problems?</li> <li><input type="radio"/> Ear Infections?</li> <li><input type="radio"/> Digestive Enzymes?</li> <li><input type="radio"/> Hyperactivity?</li> <li><input type="radio"/> Any other health related problems?</li> </ul>	<p>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"> <li><input type="radio"/> <u>Auto Accident or Injury?</u></li> <li><input type="radio"/> <u>Work Injury?</u></li> <li><input type="radio"/> <u>Sports Injury?</u></li> <li><input type="radio"/> <u>Work Stress?</u></li> <li><input type="radio"/> <u>Family / Home Stress?</u></li> <li><input type="radio"/> <u>Prescription Drug Use?</u></li> <li><input type="radio"/> <u>Non-Prescription Drug Use?</u></li> <li><input type="radio"/> <u>Ever Hospitalized?</u></li> <li><input type="radio"/> <u>Surgery?</u></li> <li><input type="radio"/> <u>Any Major Illness?</u></li> <li><input type="radio"/> <u>Re-occurring Illnesses?</u></li> <li><input type="radio"/> <u>Limited Exercise?</u></li> <li><input type="radio"/> <u>Poor Nutrition?</u></li> </ul>	<p>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.

Simply Health Chiropractic PLLC promises to use your profile in a professional manner so as not to demean personal character or reputations.

I, \_\_\_\_\_, understand that Simply Health Chiropractic Center PLLC will always do its best to maintain and comply with H.I.P.P.A. privacy and other privacy acts to maintain my own and my family's privacy. 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: \_\_\_\_\_