



**ORIGIN  
CHIROPRACTIC**

## **ADULT CLIENT INTRODUCTION**

We are honored to accompany you on your journey to health, vitality, awareness and deeper connection to yourself and those you love most. At Origin Chiropractic, we believe the body is designed to be healthy. Throughout life, experiences can occur which may interfere with the body's ability to express health. The science of Chiropractic revolves around the detection and release of nerve interference and tension patterns stored in the spine and throughout the body. Through the chiropractic adjustment, our intention is to encourage you to reconnect to the Innate Intelligence within and experience your fullest expression of health. When interference in the nervous system is removed, the healing potential of this Intelligence is truly limitless. In order for us to understand the current state of your health, please be as thorough as possible with the following information. We look forward to serving you serving you!

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**ADDRESS | CITY | STATE | ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### **REASON FOR SEEKING CHIROPRACTIC CARE:**

To experience a new level of health and healing  To be more connected to my body  To relieve my symptoms  Other reason

### **WHAT IS YOUR LEVEL OF COMMITMENT TO YOURSELF, YOUR HEALTH, YOUR WELLBEING?**

High  Medium  Low

**PREVIOUS CHIROPRACTIC:**  YES  NO If yes, date of last adjustment: \_\_\_\_\_ Name of chiropractor: \_\_\_\_\_

Reason for ending care: \_\_\_\_\_ **Current Health Concern:** \_\_\_\_\_

**HAVE YOU HAD ANY SURGERIES, FRACTURES, DISLOCATION, ACCIDENTS?**  YES  NO

If yes, please explain: \_\_\_\_\_

**ANY VEHICLE ACCIDENTS?**  YES  NO

If yes, what happened and when? \_\_\_\_\_

**ARE YOU CURRENTLY RECEIVING MEDICAL ATTENTION?**  YES  NO

If yes, for what? \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING (PRESCRIPTION & NON-PRESCRIPTION):** \_\_\_\_\_

**WHAT ARE YOUR DAILY EXERCISE HABITS?** \_\_\_\_\_

**HOW WOULD YOU RATE YOUR CURRENT HEALTH?**  POOR  FAIR  AVERAGE  GOOD  EXCELLENT

**ARE YOU HEALTHIER NOW THAN YOU WERE 5 YEARS AGO?**  YES  NO Why? \_\_\_\_\_

**DO YOU KNOW YOUR BIRTH HISTORY?**  YES  NO If yes:  Home  Hospital  Natural  Intervention

## THE BODY'S INABILITY TO EXPRESS HEALTH FULLY

The following can contribute to the nerve interference process. Please check any that apply(or applied) to you

### PHYSICAL STRESS

- Birth Trauma
- Slip/Fall
- Car Accidents
- Sports Injuries
- Physical Abuse
- Heavy Physical Labor
- Poor Posture
- Heavy computer use
- Repetitive movements
- Prolonged driving/standing

### EMOTIONAL STRESS

- Relationships
- Career
- Family
- Financial
- Pace of Life
- Quick temper
- Holding in feelings
- Perfectionism
- Procrastination
- Depression

### CHEMICAL STRESS

- Environmental
- Smoker
- 2nd hand smoke
- Caffeine
- Alcohol
- "Diet/sugar-free" food
- Soda intake
- Prescription drugs
- Junk food
- Recreational drugs

What do you feel is the primary stress in your life? \_\_\_\_\_

What are the 2 healthiest habits you currently choose in your life? \_\_\_\_\_

What are the 2 habits you would like to shift in your life? \_\_\_\_\_

Why is your health important to you (how will your life be better and what will you do once you reach your health goals)? \_\_\_\_\_

In our office we are not only interested in your health and wellbeing but also in the health and wellbeing of your family and loved ones. Current research indicates that family health patterns often emerge throughout life that can offer useful information about the health of individuals. Please mention any HEALTH CONDITIONS or CONCERNS you may have about your:

Spouse/partner: \_\_\_\_\_

Children: \_\_\_\_\_

Parents (include significant medical history): \_\_\_\_\_

Siblings: \_\_\_\_\_

The practitioners of Origin Chiropractic do not offer to diagnose or treat any symptom or disease condition. Our sole purpose is to analyze your system for stored stress and tension patterns and to help your body release them so it can more fully express its innate ability to heal. Wellness is a dynamic equilibrium between health and disease. It exists when all organs of the body function at 100% under the direction of the nerve system and the Innate Intelligence of the body. If during your assessment a non-chiropractic finding arises, you will be informed and referred to an appropriate health care provider to serve you.

I, \_\_\_\_\_, have answered the above questions to the best of my knowledge. Based on the information provided, I grant the doctors of Origin Chiropractic permission to assess, locate, and release nerve interference.

## PHILOSOPHICAL AGREEMENT

When a person seeks chiropractic care and we accept to provide such care, it is essential that we both have a clear understanding of our objectives, goals and responsibilities in this special relationship. The following concepts are central to the way chiropractic is practiced in this office. We share these ideas so that we can be in alignment of purpose from the very beginning.

- o There is an intelligence within each of us that keeps us alive, that runs and coordinates all our physiological functions, repairs, renews, regenerates, and heals.
- o The Nervous System is the main coordinating and distribution system for the body's innate intelligence.
- o Alterations or distortion in the shape, position, tone, or tension of the Nervous System (especially at the spinal cord and brain) will interfere with the expression of this intelligence.
- o Chiropractors call this interference to the proper functioning of the Nervous System a Vertebral Subluxation. Subluxation causes alternation in nerve function and distorts the communication channels between the brain and the body. The result is a lessening of the body's innate ability to express its maximum health potential.
- o Health is a state of optimal physical, mental, and social well-being, not merely the absence of disease, symptoms, or infirmity.
- o An Adjustment is the specific and honoring application of forces to facilitate the body's release and integration of subluxation.
- o The sole purpose of the chiropractic adjustment in this office is to assist your body to release vertebral subluxation and benefit from the restoration of clear communication channels in the body. Everyone, regardless of their symptoms or ailments, will benefit from a nerve system which is more flexible, elastic, and free of vertebral subluxation.
- o We do not offer diagnosis or treatment for specific diseases. Our only practice objective is to eliminate major interferences to the expression of the body's innate wisdom and to support your body to hold and integrate adjustments. If you desire advice, diagnosis, or treatment for specific diseases, we encourage you to seek the council of a medical disease care specialist.

## INFORMED CONSENT

I hereby request and consent to the performance of chiropractic adjustments and other chiropractic procedures, including various forms of soft-tissue assessment and release techniques, craniosacral therapy and subtle energy rebalancing on me by Corey Belt, DC, Christopher Pruter, DC or any doctors of chiropractic working or associated with at Origin Chiropractic Center. I have had the opportunity to discuss with the doctor and/or with other personnel the nature and purpose of chiropractic adjustments. I understand and am informed that, as in the practice of medicine, there are some risks assumed in receiving care and treatment, including, but not limited to, sprains, fractures, disc injury, stroke and dislocations. I wish to rely on the doctor to exercise professional judgment during the course of any procedure which, based on the facts then known, is in my best interest. Chiropractic care and treatment involves the science, philosophy and art of locating and adjusting spinal interference patterns and misalignments and as such, is oriented toward improving spinal, neurological and muscular functions. There has been no promise, implied or otherwise, of a cure for any specific symptom, disease or condition as a result of treatment in this clinic. I understand that the chiropractor will use his hands or a mechanical device upon my body to adjust joints and release muscles, which may cause an audible "click" or "pop" during the procedure. I have read, or have had read to me, the Informed Consent to Chiropractic Adjustments and Care. I have also had an opportunity to ask questions about its content, and by signing below I agree to the above-named procedures. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek care.

**Name (signature):** \_\_\_\_\_

**Date signed:** \_\_\_\_\_