

# Gateway Chiropractic ♦ Diane Babalas, D.C.

210 Collingwood Suite 100 Ann Arbor, MI 48103 734.239.6060

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ # of Children: \_\_\_\_\_ Email: \_\_\_\_\_ Insurance: \_\_\_\_\_

How did you hear about our office? \_\_\_\_\_

What do you expect to receive from chiropractic care? \_\_\_\_\_

**Please answer the following questions about your personal history:**

Have you ever had your spine and nerve system examined professionally? Explain.

\_\_\_\_\_

**Describe any past or present physical trauma/stresses:**

For example- (car accidents, falls, surgeries, injuries, sports, standing or sitting for long time periods, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe any past or present chemical stresses: *If you take any medications, please list the reason.***

(industrial chemicals, smoking, coffee etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe past and present emotional stresses:**

(childhood, school, family life, grief/loss, lifestyle changes, work life etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is your current state of health challenging you or preventing you from being who you want to be or doing what you want to do? If so, please describe how.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else which has not been discussed that may help us to better understand you?

\_\_\_\_\_

\_\_\_\_\_