chiropractic Bringing Out The Best In You!



New Patient Stress History



Date

All stress can cause or contribute to subluxations. To better understand your health and well-being it is important that we review your stress history.

If you are unsure or feel **uncomfortable** about answering any question or if you would like to discuss things personally with the doctor **please let us know.** If you answer Yes to any of the questions below, please provide an explanation on the line(s) provided.

Please check of the ap	propriate circles	NO	YES	DON'T KNOW
Location of your birth	O hospital O birthing center O home			
Was your mother's preg	nancy or delivery difficult/with complications?	О	0	0
Was your birth	O induced O C-section O forceps			
	O breech O vacuum extraction			
	/drink/take medication during pregnancy?	0	0	О
Were you incubated or		0	Ο	О
If yes to any of these qu	uestions, please explain			
	ed, shaken and/or hurt as a child?	О	О	О
If yes, please explain				
Were you vaccinated?		0	0	0
Were you vaccinated?	ine reactions?	0	0	0
Did you have any vacc		О	0 0	0 0
Did you have any vaca	ine reactions?	О		
Did you have any vacc		О		
Did you have any vacc		О		
Did you have any vaca If yes, please explain Were you breast-fed?		0	0	0
Did you have any vaca If yes, please explain Were you breast-fed?	yearsmonths	0	0	0
Did you have any vaca If yes, please explain Were you breast-fed? If yes, for how long?	years months lergies?	0	0	0 0 0
Did you have any vaca If yes, please explain Were you breast-fed? If yes, for how long? Do (or did) you have al	years months lergies? :thma?	0 0 0	0 0 0	0 0 0 0
Did you have any vaca If yes, please explain Were you breast-fed? If yes, for how long? Do (or did) you have al Do (or did) you have as	years months lergies? :thma? in conditions?	0 0 0 0	0 0 0 0	0 0 0 0 0
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Lifestyle Stresses

On a scale of 1-10 (1 least, 10 most), please rate:

Your stress from:										
Work/School	1	2	3	4	5	6	7	8	9	1(
Family relationships	1	2	3	4	5	6	7	8	9	1(
Loss of loved one(s)	1	2	3	4	5	6	7	8	9	1(
Health problems	1	2	3	4	5	6	7	8	9	1(
Other(s)	1	2	3	4	5	6	7	8	9	1
	1	2	3	4	5	6	7	8	9	1
Your physical health	1	2	3	4	5	6	7	8	9	10
Your emotional health	1	2	3	4	5	6	7	8	9	1
Your satisfaction with:										
Work	1	2	3	4	5	6	7	8	9	1
Family relationships	1	2	3	4	5	6	7	8	9	1
Achievements	1	2	3	4	5	6	7	8	9	1
Other	1	2	3	4	5	6	7	8	9	1
Other									9	1
Your current overall stress level	1	2	3	4	5	6	7	8	7	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems?	1 NO 0			se exp	olain	or en		8 moun	ıt	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle	NO O	YES O		se exp	olain	or en		moun	ıt	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems?	NO O	YES O		se ex	olain	or en		moun	it	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems? Describe your diet and eating habits.	NO () ()	YES		se ex	olain	or en		mour	it	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems? Describe your diet and eating habits. Do you keep regular hours? Are you presently (or have you been) active in any	NO 0 0	YES O		se ex	olain	or en		mour	it	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems? Describe your diet and eating habits. Do you keep regular hours? Are you presently (or have you been) active in any sport or exercise?	NO 0 0	YES O			olain	or en		mour	.t	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems? Describe your diet and eating habits. Do you keep regular hours? Are you presently (or have you been) active in any sport or exercise? Which one(s)?	NO 0 0	YES O			olain	or en		mour	.t	
Your current overall stress level s your stress constant? Do you think any aspects of your lifestyle contribute to your health problems? Describe your diet and eating habits. Do you keep regular hours? Are you presently (or have you been) active in any sport or exercise? Which one(s)? Have you ever been hurt exercising or playing?	NO 0 0	YES O			olain			mour	t	