Better Body Chiropractic & Accident Rehab Center, LLC

HEALTH HISTORY QUESTIONAIRE

Please fill out the following information in reference to your personal information and health history. All information provided will be held in strict confidence.

PERSONAL INFORMATION

Name:_____ Date:_____

Address: _____ City _____ State: _____ Zip Code:_____

Phone Number:_____ Work Number:_____ Email Address: _____

Age: _____ Birthdate: _____ Mobile Phone: _____ Work Phone: _____

What brings you to our office? _____

Referred By: _____ Employer: _____

Occupation: _____ Work Phone: _____

Do you have health care insurance ☐Yes ☐No, if yes what's the name of your provider?

Insurance Provider: _____

Group#:_____ Member#_____

Are you being represented by a lawyer/firm? ☐Yes ☐No, if yes, please provide the following information

Lawyer/Firm Name: _____ Address: _____

Office Phone: _____ Fax: _____ Email: _____

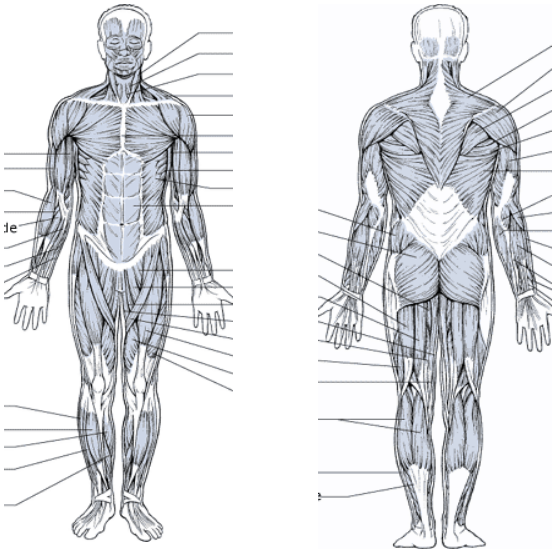
PAST HEALTH HISTORY

Do you have a history of any of the following? (please check all that apply)

- ☐ Abdominal pain
- ☐ Motor Vehicle Collision/Slip and Falls, if so list approximate date(s) _____ _____
- ☐ Allergies _____ _____
- ☐ Back pain
- ☐ Broken bone(s) _____
- ☐ Headaches
- ☐ Cancer
- ☐ Colitis
- ☐ Decreased range of motion
- ☐ Diabetes
- ☐ Disk problems
- ☐ Fibromyalgia
- ☐ Whiplash, if so when_____
- ☐ Numbness, tingling or any other nerve problems
- ☐ Joint aches
- ☐ Heart attack/Stroke
- ☐ High or low blood pressure
- ☐ HIV/AIDS
- ☐ Fainting spells
- ☐ Phlebitis, blood clots
- ☐ Pregnancy
- ☐ Seizures
- ☐ Skin conditions if so what _____
- ☐ Sprain/Strains
- ☐ Stroke
- ☐ Surgery, if so what _____
- ☐ Nausea
- ☐ Neck pain
- ☐ Nervous conditions
- ☐ Wear contacts
- ☐ Spine/Disc conditions
- ☐ Varicose veins
- ☐ Wear dentures

Areas of pain or discomfort

Please mark any places below with an "X" where you feel pain or discomfort



INFORMED CONSENT FOR CHIROPRACTIC CARE

Please read the following information in its entirety before signing below, feel free to ask any questions for clarity.

We would like to thank you for choosing Better Body Chiropractic and Accident Rehab Center to assist you with getting back to optimal health and function, or as close as possible. As with many forms of health care, chiropractic care while beneficial can also come with some level of risk. The risks are very rare, but there have been cases of the following: ligament sprains, muscle strains, soreness, bruising, rib fractures, disc injuries, dislocations and stroke. The main use of chiropractic care is to treat subluxations of joints using manual manipulations, which can result in an audible popping sound similar to the "cracking of knuckles". Please keep the doctors and staff informed of any changes in your medical profile or any feeling of pain or discomfort while under our care. By signing below you are also consenting to the following as part of your examination, analysis and treatments:

- joint range of motion
- muscle strength testing
- radiographic imaging
- orthopedic/neurologic
- electrotherapy EMS (electrical muscle stimulation), and ultrasound
- postural analysis
- vital signs
- hot/cold therapy
- palpation
- Dry Needling

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the doctor and/or staff updated as to any changes in my medical profile and understand that there shall be no liability on the doctor's or staff's part should I fail to do so.

Signature of patient _____ Date_____

Signature of doctor or staff_____ Date_____