

# KAMBOURAKIS CHIROPRACTIC

performance and longevity

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

Reason for today's visit:

\_\_\_\_\_

When did this begin?

Has this happened before? Y / N If so, when? \_\_\_\_\_

Rate pain from 1 (*minimal*) to 10 (*severe, you should be in the hospital*): \_\_\_\_\_

Is this condition worsening? Y / N

Type of pain: Sharp \_\_\_\_\_ Dull \_\_\_\_\_ Throbbing \_\_\_\_\_ Aching \_\_\_\_\_ Shooting \_\_\_\_\_

Burning \_\_\_\_\_ Numbness \_\_\_\_\_ Other \_\_\_\_\_

How often do you have this pain?

Does your pain interfere with: Daily Routine \_\_\_\_\_ Work \_\_\_\_\_ Recreation \_\_\_\_\_

Exercise \_\_\_\_\_ Sleep \_\_\_\_\_

Which of these is difficult to perform?

Sitting \_\_\_\_\_ Standing \_\_\_\_\_ Lying Down \_\_\_\_\_ Walking \_\_\_\_\_ Bending \_\_\_\_\_ Twisting \_\_\_\_\_

## LIFESTYLE

What do you do to optimize your health on a regular basis?

\_\_\_\_\_

How many meals do you eat per day? \_\_\_\_\_ Snacks? \_\_\_\_\_

Do you eat:

Fresh Fruit \_\_\_\_\_ Fresh Vegetables \_\_\_\_\_ Meat \_\_\_\_\_ Fish \_\_\_\_\_ Dairy \_\_\_\_\_

Nuts/Seeds \_\_\_\_\_ Bread/Pasta/Grains/Cereals \_\_\_\_\_ Fast Food \_\_\_\_\_

Coffee/Tea \_\_\_\_\_ Alcohol \_\_\_\_\_

How often do you have a bowel movement? \_\_\_\_\_

How often do you exercise? What types of exercise?

\_\_\_\_\_

How many hours a night do you sleep? \_\_\_\_\_

How is your quality of sleep?

\_\_\_\_\_

In which position do you usually fall asleep?

Back \_\_\_\_\_ Side \_\_\_\_\_ Front \_\_\_\_\_

Is the computer, TV, or radio on when you sleep? Y / N

How long is your work commute? To Work: \_\_\_\_\_ From Work: \_\_\_\_\_  
 Rate your stress level during a typical day: \_\_\_\_\_ Mild 1 2 3 4 5 6 7 8 9 10 Severe  
 What posture do you tend to assume day to day?  
 Mostly Standing \_\_\_ Mostly Sitting \_\_\_ Other \_\_\_\_\_

### HEALTH HISTORY

	DESCRIPTION and DATE
Falls	
Head Injuries	
Broken Bones	
Dislocations	
Surgeries	
Illnesses	
Allergies	
Other	

Current Medications:

\_\_\_\_\_

\_\_\_\_\_

Vitamins/Herbs/Minerals/Supplements:

\_\_\_\_\_

\_\_\_\_\_

Do you suffer from headaches? Y / N If so, how often? \_\_\_\_\_

Are you pregnant? Y / N If so, due date: \_\_\_\_\_

Has a chiropractor treated you in the past? Y / N

If yes, how often were you seen? \_\_\_\_\_

How long were you treated for? \_\_\_\_\_

We do not diagnose or treat disease. Dr. Nicholas Kambourakis is a highly skilled professional trained in identifying locations of the spine where pressure on nerve tissue exists. Our goal is to manually adjust these disturbances in order to remove the interference and thus restore normal transmission of vital nerve impulses from the brain to all cells and tissues of the body. Our goal is to assist your body in attaining proper communication with all cells and tissues for maximum expression of health.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_