

# Patient Application Form

Dr. James B. Fox & Staff Welcome You.

We look forward to improving your overall health.

Welcome to our clinic. We specialize in assisting our patients to achieve their highest level of health through our spinal and physical conductive pro. Our approach is very unique and advanced from our rehabilitative programs. This allows our patients to achieve far superior results compared to most other systems.

Please fill out the following information thoroughly so the doctor can let you know if you are a case we can accept. Please feel free to ask any questions if you need any assistance. We look forward to serving you.

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Patients Signature:

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Date:

## Patient Application Survey

Name \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License \_\_\_\_\_

Birth Date \_\_\_\_\_ Marital Status \_\_\_\_\_ # of Children \_\_\_\_\_

Names of Children \_\_\_\_\_

Do you notice poor postural habits in your children? Yes  No

Explain \_\_\_\_\_

How were you referred to this office? \_\_\_\_\_

Employer \_\_\_\_\_ Type of work \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Spouse's name \_\_\_\_\_ Age \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Type of work \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Purpose of this Visit

Reason for this visit \_\_\_\_\_

Is this purpose related to an accident/work injury? Yes  No

Describe \_\_\_\_\_

When did the condition begin/when did you notice it? \_\_\_\_\_

What activities agitated your symptoms? \_\_\_\_\_

Is there anything that has relieved your symptoms? Yes  No

Describe \_\_\_\_\_

Have you experienced this condition before? Yes  No

Who have you seen for this? \_\_\_\_\_ What did they do? \_\_\_\_\_

How did you respond? \_\_\_\_\_

### Experience with Chiropractic

Have you seen a Chiropractor before? Yes  No

Who? \_\_\_\_\_ When? \_\_\_\_\_

Reason for visits \_\_\_\_\_

How did you respond? \_\_\_\_\_

Did you know your posture determines your health? Yes  No

Are you aware of any of your poor postural habits? Yes  No

Explain \_\_\_\_\_

Are you aware of any poor postural habits in your spouse or children? Yes  No

Explain \_\_\_\_\_

The most common postural weakness is **Forward Head Syndrome** (head and neck starting to bend forward and progressively moving downward weakening your whole body). Even less severe forms of this posture can cause many adverse affects on your overall health.

Have you ever been told or feel like you carry your head forward? Yes  No

## HEALTH LIFESTYLE

- Do you exercise?  Yes  No How often? \_\_\_\_\_  
What activities? \_\_\_\_\_
- Do you smoke?  Yes  No How much? \_\_\_\_\_
- Do you drink alcohol?  Yes  No How much/week? \_\_\_\_\_
- Do you drink coffee?  Yes  No How many cups/day? \_\_\_\_\_
- Do you take any supplements (i.e. vitamins, minerals, herbs)? \_\_\_\_\_

## HEALTH CONDITIONS

Abnormal postural habits or distortions are the result of trauma or stress to the body that have misaligned the vertebrae in your spine. When these vertebrae are twisted from their normal position, they will cause stress to the spinal cord and the delicate nerves that pass between the vertebrae. These misalignments are called **Subluxations** (sub-lux-a-shuns). It has been extensively documented that subluxations, causing stress to your nerves, will weaken and distort the overall structure of your spine. This results in a weakened and distorted **POSTURE**. Postural distortions have many serious and adverse affects on your overall health. The most common and detrimental postural distortion is the **Forward Head Syndrome** (a "hunched forward" posture starting in the neck and progressively moving down your spine weakening the entire body). Please check any health conditions you may be experiencing, now or in the past.

### CERVICAL SPINE (NECK):

Postural distortions from **subluxations**, (causing Forward Head Syndrome), in your neck will weaken the nerves into your arms, hands and head and affect these parts of your body. Do you experience...?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Neck Pain                           | <input type="checkbox"/> Headache            | <input type="checkbox"/> Sinusitis           |
| <input type="checkbox"/> Pain into your shoulders/arms/hands | <input type="checkbox"/> Dizziness           | <input type="checkbox"/> Allergies/Hay Fever |
| <input type="checkbox"/> Numbness/tingling in arms/hands     | <input type="checkbox"/> Visual disturbances | <input type="checkbox"/> Recurrent Colds/Flu |
| <input type="checkbox"/> Hearing disturbances                | <input type="checkbox"/> Coldness in hands   | <input type="checkbox"/> Low Energy/Fatigue  |
| <input type="checkbox"/> Weakness in grip                    | <input type="checkbox"/> Thyroid Conditions  | <input type="checkbox"/> TMJ Pain/Clicking   |

### THORACIC SPINE (UPPER BACK):

Postural distortions from **Subluxations** (resulting from **Forward Head Syndrome**) in the upper back will weaken the nerves to the heart and lungs and affect these parts of your body. Do you experience...?

- |   |   |
|---|---|
| <input type="checkbox"/> Heart Palpitations   | <input type="checkbox"/> Recurrent lung infections/bronchitis |
| <input type="checkbox"/> Heart murmurs        | <input type="checkbox"/> Asthma/wheezing                      |
| <input type="checkbox"/> Tachycardia          | <input type="checkbox"/> Shortness of breath                  |
| <input type="checkbox"/> Heart attacks/Angina | <input type="checkbox"/> Pain on deep inspiration/expiration  |

### THORACIC SPINE (MID BACK):

Postural distortions from **subluxations** (resulting from **Forward Head Syndrome**) in the mid back will weaken the nerves into your ribs/chest and upper digestive tract, and affect these parts of your body. Do you experience...?

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="checkbox"/> Mid back pain             | <input type="checkbox"/> Hypoglycemia                                   | <input type="checkbox"/> Reflux |
| <input type="checkbox"/> Pain into your ribs/chest | <input type="checkbox"/> Tired/irritable after eating                   | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Indigestion/Heartburn     | or when you haven't eaten for <input type="checkbox"/> Ulcers/Gastritis |                                 |
- a while.

### LUMBAR SPINE (LOW BACK):

Postural distortions from **subluxations** in the low back (resulting from **Forward Head Syndrome**) will weaken the nerves into your legs/feet and pelvic organs and affect these parts of your body. Do you experience...?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Low Back Pain                       | <input type="checkbox"/> Muscle cramps in legs/feet    | <input type="checkbox"/> Constipation/Diarrhea                       |
| <input type="checkbox"/> Pain into your hips/legs/feet       | <input type="checkbox"/> Weakness/injuries-hips, knees | <input type="checkbox"/> Menstrual irregularities/cramping (females) |
| <input type="checkbox"/> Numbness/tingling in your legs/feet | <input type="checkbox"/> Recurrent bladder infections  | <input type="checkbox"/> Sexual dysfunction                          |
| <input type="checkbox"/> Coldness in your legs/feet          | <input type="checkbox"/> Frequent/difficulty urinating |  |

