

Health Questionnaire

Name _____ D.O.B. _____

Email Address _____

Phone Number _____

The human body is designed to be healthy. Throughout life, events occur which damage your health expression. Filling out this form will help to recognize where your body and nervous system are struggling. The symptoms you experience today are cumulative of all you have experienced in your life. Please fill out to the best of your ability.

Do you suffer from any of these symptoms? Check all that apply.

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Hip/Knee/Leg Pain |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Shoulder/Arm Pain | <input type="checkbox"/> Reproductive Issues |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Pain in Mid Spine | <input type="checkbox"/> Menstrual Issues |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Low Back Pain | <input type="checkbox"/> Cold Feet/Hands |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Dizziness/Vertigo |
| <input type="checkbox"/> Sleep Issues | <input type="checkbox"/> Thyroid/Throat Issues | |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Digestive Issues | |

Are there any other symptoms I should know about? _____

What are you looking to get out of these sessions? _____

What are your expectations in terms of duration and results from Spinal Flow? _____

Have you had any or have any past or present Physical Stress or had any past surgeries? (falls, accidents, pregnancy/delivery, etc.) _____

Have you had any or have any past or present Chemical Stress? (smoking, drugs, alcohol, birth control, etc.) _____

Have you had any or have any past or present Emotional Stress? _____

On a scale of 1-10, how much stress is in your life? 1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, how happy are you? 1 2 3 4 5 6 7 8 9 10

Consent Form

By signing this form, I agree and consent to the healing work.

I understand that with any healing process and work on my body, my symptoms may worsen before they get better.

I understand that Spinal Flow is a gentle modality and there are no contraindications for the treatment.

I understand this care is designed to assist the body with healing by helping to remove stressors from the body. I understand that healing takes time, there is no quick fix to my problem, and health is a process.

I have freely decided to undergo the recommended treatment and hereby give my full consent to treatment.

Client Name: _____

Signature of Client: _____

Date: _____