



Welcome to our office!

Here are the events you can expect during your first visit:

- **Paperwork** – Please bring in your completed health history form. Also, please read, sign and bring with you the *Consent* form which describes the unique type of care I offer.
- **Initial Consultation** – I will review your health history with you to better understand how any physical, chemical or emotional events may have impacted your nervous system, and how they may be affecting your health, wellness and quality of life. I will address any questions you may have.

If your history warrants an examination, next will be:

- **Posture Exam** – Computerized postural evaluation software and digital photographs are used to document your current standing posture. This technology allows me to periodically assess your postural changes and spinal alignment without the use of X-rays.
- **Physical Examination of the Spine** – Gentle palpation of the three main systems that determine spinal health:
 - Connective Tissue
 - Muscles
 - Spinal Cord Tension

If you decide to begin care, next will be:

- **Report** – A brief summary of my findings from your posture exam, and spinal exam.
- **Spinal Adjustment** – A series of gentle touches applied along your spine to help your brain shift from a state of *defense* to a state of *ease*, and eventually to a more self-adapting, self-regulating system. The touches are use a gentle pressure that is safe for spines of all ages and any condition.
- **Your Personal Care Plan** – After viewing your body's response to the adjustment, an initial visit frequency will be recommended. This varies based upon many factors including past and current stresses.
- **On-going Education** – I recommend you attend periodic in-house workshops to learn more about health, healing, and how keeping your spine healthy can support you on your journey of health and wellness.

Thank you for choosing this office.

Dr. Brian Dickert & Laura Fiori

Corrales Chiropractic - Health History Overview

Dr. Brian Dickert – Light Touch – Precision Adjustments – 505-738-6897- BrianDickert.com

Name _____ Phone (Home) _____

Address _____ Phone (Cell) _____

City, State, Zip _____

E-mail Address _____

Birth date _____ Referred by: _____

E-mail Newsletter (Contains any changes in regular office hours and vacation announcements)

Yes No (You may opt-out at any time)

Do you have any current health concerns?

What have you already done for these concerns?
(treatments, remedies, etc.)

What do you think is the cause or contributing factors?

What do you think needs to happen for your health goals to be met?

What would you like to receive from care?

Please Check All That Currently Apply:

- I feel helpless, like nothing works.
- I feel this is a terrible thing that has happened to me.
- I feel this is a terrible thing that has happened to me, and I hope you can fix it.
- I feel this is a pattern that has happened to me before; it is back again.
- I feel this is a pattern that has happened to me before; I feel stuck.
- I feel there is a message my body is giving me.
- I deserve more than this.
- I am going to move past this health concern by having the doctor treat it.
- I am going to move past this health concern by becoming healthier.
- I don't like what I feel, but I am O.K. with feeling what I am feeling because it may be necessary for me to heal.
- I am ready to make changes in my life to become healthier and more whole.
- I have had enough and it is time to be well.
- I don't know how I feel about how I feel. I am too preoccupied with my present
- I am ready for a change.
- I have felt some resolution, but it has been incomplete.

Welcome to our office! It is well known that families who maintain strong healthy, well-aligned spines have robust health. People whose spines are not kept in proper alignment are much more likely to develop health disorders later in life such as arthritis, illness, pain, heart attacks, strokes, even cancer. Our purpose is to care for and educate as many families as possible towards optimal health. Spinal tension interferes with your ability to have optimal health. Your experience with this office will not just be of healing but also of learning about optimal health and healing.

Your spine functions like the circuit breaker in your home, when it is overloaded from Physical, Chemical or Emotional Stress your body goes into a state of protection. Part of the protective mechanism is to distort the spine, which is a short term mechanism for safety, but when your nervous system cannot recover from the stresses it stays in "fight or flight", which is damaging long term. Our job at Corrales Chiropractic is to quickly shift your nervous system back to the state of "Rest, Recovery, & Healing".

Next, please rate any Physical, Chemical, and Emotional Stresses, no matter how "small" they may have been.

History of Physical Stress

Were there any problems associated with your mother's pregnancy & delivery with you? (Check all that apply)

difficult illness forceps/suction natural C section

Comments or additional information: _____

Have you had an accident, even as a passenger, in a(n)....?:

automobile motorcycle sports other _____

Explain with Dates:

Medical interventions: (check all that apply)

braces traction casts/collars chemotherapy surgery hospitalization other transfusion x-ray therapy spinal tap physiotherapy shoe lifts etc. extensive X-rays organ removal

Comments: _____

Accidents and Trauma: on ice skates steps bicycle tree from crib knocked unconscious abuse physical fight childhood illness broken nose used crutch/cane

Please describe daily activities for work, home or school such as sitting, lifting, standing, phone work, sports, exercise, etc.:

History of Chemical Stress

Please check all that apply:

Do you or have you ever taken: prescription drugs over the counter drugs recreational drugs

Do you or have you ever worked with: smoke dust fumes chemicals

Do you consume: refined sugar artificial sweeteners processed foods coffee/caffeine alcohol tobacco

History of Emotional Stress

Emotional and Mental stress can cause and/or accelerate spinal and nerve dysfunction.

How do you grade your physical health? Getting worse Getting Better

Poor Fair Good Excellent

How do you grade your emotional/mental health? Getting worse Getting Better

Poor Fair Good Excellent

How do you rate your overall quality of life? Getting worse Getting Better

Poor Fair Good Excellent

Is there some aspect of your health or your life that very much pleases you, brings you joy, or helps you feel better about yourself, or, that helps you forget or minimizes any health concerns?

Is there anything else that may help me to understand you, your history, or your professional needs, that has not been discussed in this questionnaire?

Thank You! Please read and sign consent form that follows.

CONSENT TO RECEIVE SPINAL CARE

I hereby request and consent to receiving spinal care, including wellness education in this office by a chiropractor who provides a low force approach which has unique outcomes and clinical results. This practitioner is professionally and personally confident in regard to the safety and effectiveness of this form of care.

The purpose of this consent form is to help me better understand the nature of the services offered in this office and our mutual responsibilities. This fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

Low force Chiropractic care does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound), nor does it directly treat painful areas of the spine and body. *Instead, by enhancing my body's awareness of itself and specifically the spine, I understand I can develop new strategies for healing, adapting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of spinal tension patterns and healing.*

The light touch spinal adjustment process consists of gentle touch contacts along the neck and back to achieve greater communication between the brain and body, and new sensory and motor strategies.

I am aware that I will be receiving gentle touch chiropractic adjustments, also called an Entrainment or an Attunement. Assessments of my progress will include monitoring of my spine and body awareness, responsiveness to inner rhythms, tension, and ease patterns. At regular intervals, following commencement of care, re-assessments will be performed. These will include my personal perception of my wellness and my awareness of my spine and body-mind changes. My chiropractor will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and to re-organize my spine.

I also understand that, in addition to spinal care and wellness education, my practitioner) may perform additional examinations or assessments and offer health/spinal care or advice that is consistent with my individual needs.

Please Read and Sign the Following:

It has been explained to my satisfaction, and I understand that the care offered at this office is not a form of, or replacement for the diagnosis or treatment of any symptom, disease, or malady. Instead, it is a form of wellness care and self education that empowers my connection with my body-mind and develops new strategies for spinal and nervous system integrity and wellness. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension, including those that are unique to light touch chiropractic care.

It is common for people receiving this care to breathe more deeply and more fully, engaging the spine with their respiration, to spontaneously adapt postures that release or redistribute tension, to bust stress, and to experience more of their inner life energy.

I understand it is common to experience a wider range of motion and emotion during care. It is common, as care progresses, to find new options in the body and in life, which often lead to significant life changes. *This form of care is NOT suggested for those individuals who wish to remove a symptom or condition without the occurrence of other fundamental changes in their lives. The care in the office often promotes significant changes in health choices, lifestyle, and experience of the body-mind, emotion, and consciousness.*

Rather than attempting to simply return me to my previous state minus a symptom, this chiropractor instead chooses to help me achieve new levels of wellness and life potential that I may never have had before.

I have read, or have had read to me, the CONSENT TO RECEIVE SPINAL CARE and *understand that the care in this office is different from what many consumers may expect from chiropractors practicing manipulative therapy. I agree to receive care, which, consists of or includes light touch chiropractic care and wellness education. I understand that I am not passive in this process, but that I am an active participant in my care and in my healing.*

PRINTED NAME

SIGNATURE

DATE