



Thoracic Park Wellness Clinic
304 N Main St, Hutchinson, KS 67501

p) 620-833-0291 w) ThoracicParkWC.com e) tpwc.messages@gmail.com

PERSONAL INFORMATION:

Today's Date ____/____/____

NAME: _____ AGE: _____ Gender: M F

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ Height: _____ Weight: _____ BIRTH DATE: ____/____/____

EMAIL: _____

What is the best way to contact you? CALL TEXT EMAIL (For medical/personal information)

What do you do for work? _____ Is it physically demanding? YES NO
Do you sit most of the day? YES NO

Emergency Contact Name: _____ Number: () _____

Do you have kids that live with you? YES NO If yes, ages? _____

Have they ever been adjusted before? YES NO

Are you pregnant? YES NO N/A If yes how many weeks _____

Do you smoke tobacco? YES NO

Do you drink water daily? YES NO Enough to stay hydrated YES NO

Do you drink diuretics (coffee, tea, pop) daily? YES NO

How did you find us: Sign Referral Google Facebook Other: _____

**Have you ever been to a Chiropractor before? YES NO How long ago was last visit? _____

What is your Main Complaint that brought you in here today? _____

Have you been treated for this by anyone else? (DC, MD, PT, other) _____

If yes, What type of treatment did you receive? _____

List of Surgeries / Hospitalizations / Car accidents and year occurred: _____

List any medications/supplements you are currently taking: _____

**Are you on BLOOD THINNERS? YES NO

**Are you currently experiencing any of the following

Nausea or vomiting Rapid Eye Movement Numbness on one side of face or body

Fainting or Lightheaded Dizziness Difficulty walking Difficulty speaking

Difficulty swallowing Double vision Worst headache you've ever had

Immediate Family History: Heart Disease -- Stroke -- Cancer -- Diabetes -- Arthritis -- High Blood Pressure

Purpose of Visit

I understand that Chiropractic is not just about pain and am here for Wellness care. YES [] NO []

Please mark the area of injury or discomfort on the chart below

Number area of complaints by most concerned about, (#1 being of most concern).

Neck ____ Mid Back ____ Low Back ____ R / L Shoulder ____ R / L Hip ____

When did this complaint begin? _____ What caused this? _____

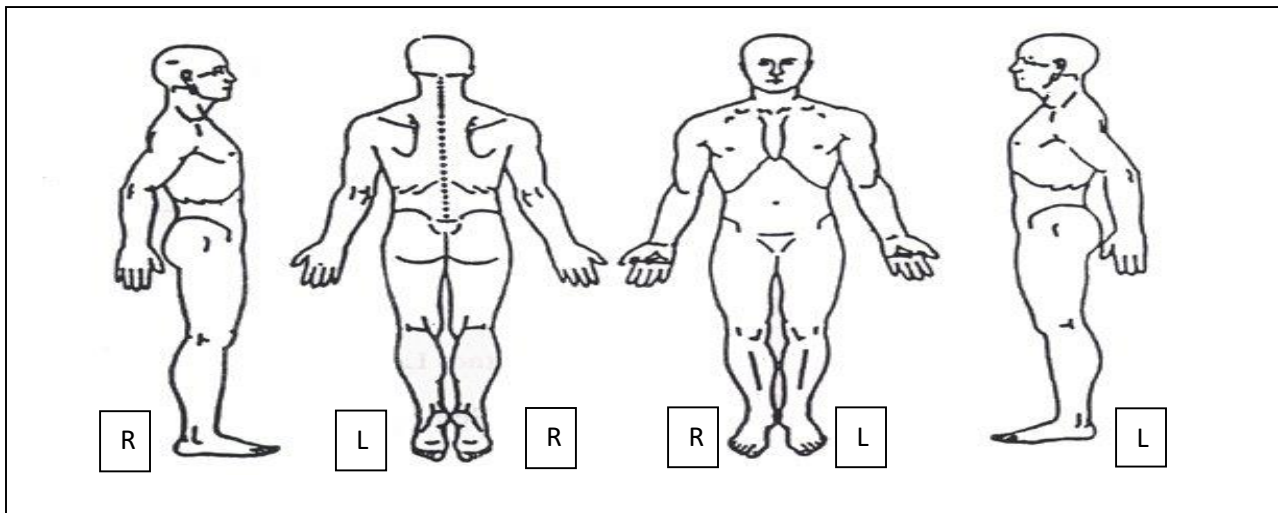
Circle the best answer on each line for main complaint:

Numbness Pins & Needles Burning Aching Stabbing

Staying Same == Getting Better == Getting Worse

Constant == Intermittent (relieved by rest) == Occasional (daily) == Infrequent (1x/week) == Random

What time of day is your pain the worst? Morning / Afternoon / Evening / Bedtime



Rate your level of pain: (circle a number)

0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

- 0 No pain
- 1 – 3 Pain that **DOES NOT** require change in activity
- 4 – 6 Pain that **DOES** require change in activity
- 7 – 9 Pain that **FULLY PROHIBITS** one or more activities
- 10 Pain that is **UNBEARABLE** (EMERGENCY ROOM)

What makes it BETTER: _____

What makes it WORSE: _____

Does it RADIATE: YES [] NO [] ARMS / LEGS

Have you missed work due to this? YES [] NO []

(FOR OFFICE USE ONLY)

SUBJECTIVE: _____

Purpose of Visit

By signing below, you understand that chiropractic care is given to correct misalignment of the spine called **SUBLUXATIONS**. One of the benefits of a chiropractic adjustment is that you MAY feel better, but this is not the GOAL of an adjustment. We are not a “pain management” clinic and don’t “chase your symptoms”. If you need pain relief, you should seek care at a clinic whose priority is symptoms suppression. The goal of an adjustment is not to treat pain or symptoms. It is to correct SUBLUXATIONS, thereby removing the interference to the nervous system allowing the body to heal itself. As a result, WE DO NOT TREAT PAIN OR DISEASES: we remove subluxations, so the body is able to function better and increase the ability for your body to heal itself. Your Dr. does not “heal” you. Your body heals itself. Your activities each day and current health status determines if/how long you “hold” your adjustment. It is your chiropractor’s job to adjust you. It is your job to make sure you stay adjusted. In order to keep our fees as low as possible, it is important that we make the best use of our time so we can see everyone after you waiting to be adjusted. We need to be 100% focused on delivering the best possible adjustment with extreme attention to detail and anything else distracts from that. As stated before, we will not “chase pain” or symptoms. Your Chiropractor will make sure all of your subluxations are removed, but because of inflammation and tissue changes around your subluxations, you may still experience some symptoms/increased symptoms after your adjustment. Healing takes time. Your adjustment is not designed to make you instantly FEEL BETTER, it’s intended to make you instantly HEAL BETTER.

CENTRAL NERVOUS SYSTEM = The brain and spinal cord. It’s the master control system of the body that coordinates all functions of life. It is protected by the skull and spine. When bones move out of place, they put pressure on the nerves and interfere with the communication between the brain and body.

SUBLUXATION = A minor misalignment of a joint/bone causing pressure on the nerves, resulting in decrease health. Subluxations can be associated with pain, but they are not always painful (silent subluxation). Subluxations ALWAYS result in nerve irritation and decreased health. The amount of pressure equal to the weight of a dime can decrease nerve function by up to 60%. Imagine if the nerve impulse to the liver, heart or pancreas were decreased by 60% for several days, weeks, months or years!

ADJUSTMENT = A scientific, specific force applied to a joint in a precise direction to remove a subluxation which helps restore proper function and decrease pressure on the nerves. Most adjustments do not cause a “popping” noise, although some adjustments can have an audible “popping” sound. Some of the best adjustments have no noise associated with them.

Signed _____ Print _____ Date _____