

# Sozo Chiropractic & Wellness, LLC

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www.sozochiro.com

*Sozo (sode'-zo): To save a suffering one from disease; to make well, heal, restore to health.*

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ **←Please print clearly (Very, very important! For office closings, office newsletters, receipts, essential notifications, schedule changes, bulletins, etc...)**

Best way to Contact: Home # Cell # Work # Email

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Marital Status: Single Married Divorced Widowed In a Relationship

Spouse Name: \_\_\_\_\_

If you have children, how many? \_\_\_\_\_

List names and ages of children: \_\_\_\_\_

We are a referral based office. Whom do we have the pleasure of thanking for referring you?

What are your hobbies? \_\_\_\_\_

***Chiropractic is not about a treatment or cure for disease.***

***Chiropractic is for the removal of interference to the nervous system (subluxation) and restoration of function and communication within the body so that your body may express its fullest potential for life and healing.***

***Subluxation affects your LIFE and HEALTH.***

***Subluxations are painless and people should be checked regularly for subluxations from the moment they are born.***

How can we serve you? \_\_\_\_\_ I have no Complaints. I am here for a Subluxation check up.

When were you last checked for subluxations? \_\_\_\_\_

By whom? \_\_\_\_\_

How long under care? \_\_\_\_\_ Last visit date? \_\_\_\_\_

Reason for stopping care? \_\_\_\_\_

\_\_\_\_\_ Check here if you have never seen a Chiropractor before.

**Subluxations cause poor sleep, low energy, reduced healing capacity and much more.**

**What activities or parts of your life that you value, are the problems you are experiencing affecting?**

**(X all that apply)**

- |   |   |
|---|---|
| <input type="radio"/> Gardening                             | <input type="radio"/> Playing with your Children      |
| <input type="radio"/> Cooking                               | <input type="radio"/> Playing with your Grandchildren |
| <input type="radio"/> Walking                               | <input type="radio"/> Enjoying a day at the beach     |
| <input type="radio"/> Being a better Artist                 | <input type="radio"/> Energy to be active             |
| <input type="radio"/> Creativity                            | <input type="radio"/> Concentration                   |
| <input type="radio"/> Physical Health                       | <input type="radio"/> Breathing                       |
| <input type="radio"/> Relationships with family and friends | <input type="radio"/> Deep Relaxation                 |
| <input type="radio"/> Golf                                  | <input type="radio"/> Quality Sleep                   |
| <input type="radio"/> Tennis                                | <input type="radio"/> More Balanced Posture           |
| <input type="radio"/> Fishing                               | <input type="radio"/> Emotional well being            |
| <input type="radio"/> Hunting                               | <input type="radio"/> Strength                        |
| <input type="radio"/> Bocce Ball                            | <input type="radio"/> Endurance                       |
| <input type="radio"/> Taking out the Garbage                | <input type="radio"/> Reflexes                        |
| <input type="radio"/> Feeling Normal                        | <input type="radio"/> Reaction Times                  |
| <input type="radio"/> Have More Vitality                    | <input type="radio"/> Steady Hand Movement            |
| <input type="radio"/> Exercise                              | <input type="radio"/> Freedom from Pain               |
| <input type="radio"/> Work                                  | <input type="radio"/> Reduce or Elimination from Pain |
| <input type="radio"/> Lifting Weights                       | <input type="radio"/> Resistance to Disease           |
| <input type="radio"/> Tolerance with your children          | <input type="radio"/> Earning potential               |
| <input type="radio"/> Tolerance with your spouse            | <input type="radio"/> Overall health improvement      |

What are you currently experiencing? \_\_\_\_\_

How long have you been aware of this problem? \_\_\_\_\_

Have you seen anyone else for this issue? Yes No  
If yes, who? When? Outcome? \_\_\_\_\_

Has anything/anyone helped? Yes No  
If yes, who or what? \_\_\_\_\_

Have you ever been treated for a similar problem? If yes, please describe. Yes No  
\_\_\_\_\_

**Unable to handle everyday stress is a contributor to subluxation:**

What do you do for a living? \_\_\_\_\_ Hrs/wk? \_\_\_\_\_

Do you have more than one job? No Yes \_\_\_\_\_ Hrs/wk? \_\_\_\_\_

How would you rate your stress level at work? \_\_\_\_\_

How would you rate your stress level at home? \_\_\_\_\_

**Improper lifestyle habits can also contribute to subluxations.**

Do you exercise? No Yes \_\_\_\_\_

Do you use any tobacco products? No Yes When did you quit? \_\_\_\_\_

Do you drink alcoholic beverages? No Yes How often? \_\_\_\_\_

Do you drink coffee/tea? No Yes How often? \_\_\_\_\_

Do you drink soda/diet soda? No Yes How often? \_\_\_\_\_

Do you use artificial sweeteners? No Yes How often? \_\_\_\_\_

Do you have special dietary restrictions? No Yes \_\_\_\_\_

Have you ever been diagnosed with an STD or VD? No Yes \_\_\_\_\_

**Traumas can cause subluxations.**

Please list all operations or surgeries you've had, including dates: \_\_\_\_\_

Please list any hospitalizations you've had, including dates: \_\_\_\_\_

Have you had any recent infections, colds or flu? No Yes \_\_\_\_\_

ANY previous or recent motor vehicle accidents and when? \_\_\_\_\_

ANY other major traumas, injuries, sports injuries, falls, etc. and when? \_\_\_\_\_

ANY broken bones, sprained ankles, shoulder injuries, etc. with dates: \_\_\_\_\_

ANY other symptoms or health issues you would like to discuss? \_\_\_\_\_

**Illnesses can cause or be caused by subluxations.**

Have you ever been diagnosed with a tumor, cancer, neoplasia, or dysplasia? No Yes

Explain: \_\_\_\_\_

Have you ever been diagnosed with a heart condition, blood vessel condition, high blood pressure, etc?

No Yes: \_\_\_\_\_

Have you ever had a stroke or heart attack? No Yes: \_\_\_\_\_

Neurological, Autoimmune or Glandular problem or disease? Explain, include prior testing and diagnosis:

\_\_\_\_\_

Even when properly prescribed, medications are the leading cause of death in America and a leading cause of subluxation. Please list ALL medications, prescribed and/or over the counter:

\_\_\_\_\_

\_\_\_\_\_

Have you experience any change in bowel or bladder function, loss of control, or lack of sensation in that area?

No Yes: \_\_\_\_\_

Females: Is there ANY possibility that you could be be pregnant? Yes No

Date of last period: \_\_\_\_\_

**Pregnant Patients**

Have you had any previous pregnancies? No Yes \_\_\_\_\_

Have you had past cesareans? No Yes \_\_\_\_\_

Have you had a previous D&C? No Yes \_\_\_\_\_

Did you have any health problems during previous pregnancies? No Yes \_\_\_\_\_

\_\_\_\_\_

Name of your obstetrician: \_\_\_\_\_

Name of your midwife/doula: \_\_\_\_\_

Where do you plan to have your baby? \_\_\_\_\_

What symptoms of pregnancy have you already experienced? \_\_\_\_\_

List any additional comments/concerns: \_\_\_\_\_

Is there anything preventing you from doing what it takes to get well?

Time Money Family Obligations Travel Distance Other: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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