



Improving your life naturally, through better posture, a healthier pain free body and reduced stress.

Name: Mr/Mrs/Ms/Miss \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about our clinic? \_\_\_\_\_

Poor posture tends to run in families. Have you noticed similar postural patterns in your other family members or inherited a spinal problem yourself?  Yes  No

Spinal misalignments cause decay and degeneration which results in grinding or cracking. Do you ever hear noises when you move your head or neck?  Yes  No

Spinal degeneration can make you feel like you need to stretch or crack your neck or back? Do you ever feel the need to crack or pop your neck or back?  Yes  No

A poorly functioning spine and nervous system can affect the way your entire body functions. Does your problem affect any of your sports / hobbies / activities?  Yes  No

A lack of proper nutritional support through vitamins / health suppliments can slow the healing process. Do you currently have a daily vitamin suppliment?  Yes  No

What is your primary reason for attending the clinic today? \_\_\_\_\_

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Have you ever had any serious health problems? If so, please elaborate: \_\_\_\_\_

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Have you ever had any operations or been hospitalised for any reason? Describe: \_\_\_\_\_

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Have you had any broken bones? If so, explain where and how long ago: \_\_\_\_\_

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Have you had any car / work / home related traumas?  Yes  No

The information I have provided is true and correct and I agree to disclose any information that may assist the doctor to better understand my case.

\_\_\_\_\_  
Patient Signature