

### Why Chiropractic?

Stage 1\_\_\_ Pain Relief: Just get rid of the pain. Relief is short term.

Stage 2\_\_\_ Rehabilitation: Get rid of the pain and fix this problem so that it does not return.

Stage 3\_\_\_ Optimal Health: Get rid of the pain, fix the problem, and then put me on a preventive/  
wellness plan which includes exercise and chiropractic.

What treatment have you already received?  Medication  Surgery  Physical Therapy  
 Chiropractic  X-rays/MRI  Other

Exercise:  None  Moderate  Daily  Heavy

Work Activities:  Sitting  Standing  Light Labor  Heavy Labor

Surgeries: (please list) \_\_\_\_\_

Medications: (please list) \_\_\_\_\_

Place an X to indicate if you have any of the following:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Arthritis          | <input type="checkbox"/> Goit               | <input type="checkbox"/> Parkinsons Disease   |
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Pinched Nerve        |
| <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Hepatitis          | <input type="checkbox"/> Pneumonia            |
| <input type="checkbox"/> Breast Lump        | <input type="checkbox"/> Hernia             | <input type="checkbox"/> Polio                |
| <input type="checkbox"/> Bronchitis         | <input type="checkbox"/> Herniated Disk     | <input type="checkbox"/> Prostate Conditions  |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> High Cholesterol   | <input type="checkbox"/> Prosthesis           |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Kidney Disease     | <input type="checkbox"/> Rheumatoid Arthritis |
| <input type="checkbox"/> Emphysema          | <input type="checkbox"/> Liver Disease      | <input type="checkbox"/> Stroke               |
| <input type="checkbox"/> Fractures          | <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Thyroid Problems     |
| <input type="checkbox"/> Glaucoma           | <input type="checkbox"/> Osteoporosis       | <input type="checkbox"/> Tumors               |
| <input type="checkbox"/> Goiter             | <input type="checkbox"/> Pacemaker          | <input type="checkbox"/> Ulcers               |

I hereby authorize Guadamuz Chiropractic to perform diagnostic tests and render chiropractic adjustments and other treatments necessary to treat my condition.

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

