The Body Well
Dr. Erin Torzewski
928 Garrett Street, Suite A
Atlanta, GA 30316
404-989-4756

Welcome!

The Basics

Name_____Today's Date_____

Address_____City_____Zip_____

Date of Birth_____Age_____ Gender _____Height _____ Weight_____

Best number to contact you_____Cell/Work/Home (circle one)

Alternate phone number_____Cell/Work/Home (circle one)

Email Address _____

Occupation _____ Employed By_____

Marital Status (circle one): Married ~ Domestic Partner ~ Single~ Widowed~ Divorced

Name of Spouse/Partner_____

Emergency Contact_____Phone_____

Do you have children? No / Yes- what are their names and birthdays?

_____

Who can we thank for referring you to us?_____

How can we help you?

_____

_____

Have you ever had Chiropractic Care?

☐ No, but I am excited to be at one now!

☐ No, I'm not sure how chiropractic can benefit me.

☐ Yes, but only for a short time.

Who did you see? _____

How long were you under care?_____

Date of last adjustment:_____

☐ Yes! I can't imagine not getting chiropractic care! It's a part of my lifestyle.

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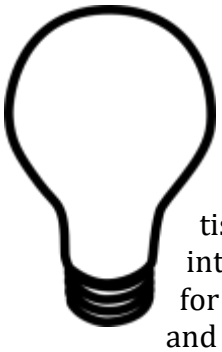

The Big Idea

Your nervous system is made up of your brain, brainstem, spinal cord and spinal nerves. Your nervous system keeps you alive. It CONTROLS every cell, tissue, function and process of the body. For the body to work properly, nerve signals must clearly travel from the brain to any given cell, tissue or organ. This healing power is called innate intelligence. Your innate intelligence is so smart that it built your skull and spine as a protective casing for your nervous system. Misalignments in the spine are called subluxations and they can block or interfere with the transmission of your innate intelligence. Without full expression of innate intelligence you will experience dis-ease. Dis-ease means a lack of ease in the way your body works. This can show up as pain or symptoms but not always. Subluxations can be present with no symptoms at all. One cannot express his or her full potential when subluxations are present. Chiropractors detect and remove subluxations so that YOU can do the healing the way you were designed to. Chiropractors treat the cause, not the effect.

Subluxations

Subluxations arise when your nervous system can no longer adapt to the stressors in your life (physical, chemical, and emotional). How many subluxations and how often you have subluxations depends on your lifestyle. Correction of subluxation allows your nervous system to increase its adaption potential and restore good health.

Assessment of Life Stressors

Physical Stress- please check all that apply

□ Birth Trauma (mother or child)	□ Bone Fractures: please list
□ Physical Abuse	
□ Slips/Falls	
□ Work Injuries	
□ Poor Posture	□ Auto Accidents: please list
□ Sleeping on Stomach	
□ Old Mattress	
□ Work at a Computer	
□ Carry heavy bag/purse/child	□ Sports Injuries: please list
□ Driving for long periods of time	
□ Sitting/ Standing for long hours	
□ Lack of Exercise	
□ Strenuous or Competitive Exercise	□ Surgeries: please list
□ Sitting on your Wallet	
□ Repetitive Lifting or Bending	
□ Other:	

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Other Physical Lifestyle Questions

Do you exercise? YES / NO. What kind of exercise and how often?

_____

_____

How is your SLEEP? Great / Fair/ Poor. How many hours per night? _____

Chemical Stress- please check all that apply

□ Cigarettes- amount:	□ Fast Food
□ Cigars- amount:	□ GMO foods
□ Exposed to second hand smoke	□ Conventional Produce
□ Prescription Medication	□ Fluoride Toothpaste
□ Over the Counter Medication	□ Tap Water
□ Caffeine- Amount:	□ Skin Care/Hair Care/Makeup Toxins
□ Artificial Sweeteners	□ Food Dye
□ Alcohol- Amount:	□ Factory Produced Meat
□ Recreational Drugs	□ Commercial Home Cleaners
□ Environmental Pollution	□ Dairy
□ Canned Foods	□ Gluten/Wheat Products
□ Boxed/Packaged Foods	□ Excess Sugar

Other Chemical Lifestyle Questions

Do you take Medications? Please list: Name, What it is for, and How long have you taken it.

_____

_____

Do you take any vitamins or supplements? If yes, please list:

_____

_____

Approximately how many ounces of water do you drink daily?_____

What could you do to improve your diet?_____

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Emotional Stress- please check all that apply

□ Relationships	□ Verbal Abuse
□ Career	□ Thoughts Keep You Awake
□ Children/Grandchildren	□ Regret/Worry
□ Money	□ Anxiety
□ Fast Paced Life	□ Fear
□ Internalized Feelings	□ Need To Please
□ Perfectionist	□ Easily Offended
□ Procrastinator	□ Holiday Stress
□ Sickness/Loss of Loved One	□ Low Self-Esteem
□ Quick Temper	□ Depression
□ Sexual Abuse	□ Divorce/Separation

Other Emotional Lifestyle Questions

How are your family relationships?_____

Do you enjoy your job?_____

Do you do any of the following? Meditation; Therapy; Journaling; Prayer; Spiritual Counseling?_____

What do you do for fun/relaxation?

_____

_____

What are you passionate about?_____

_____

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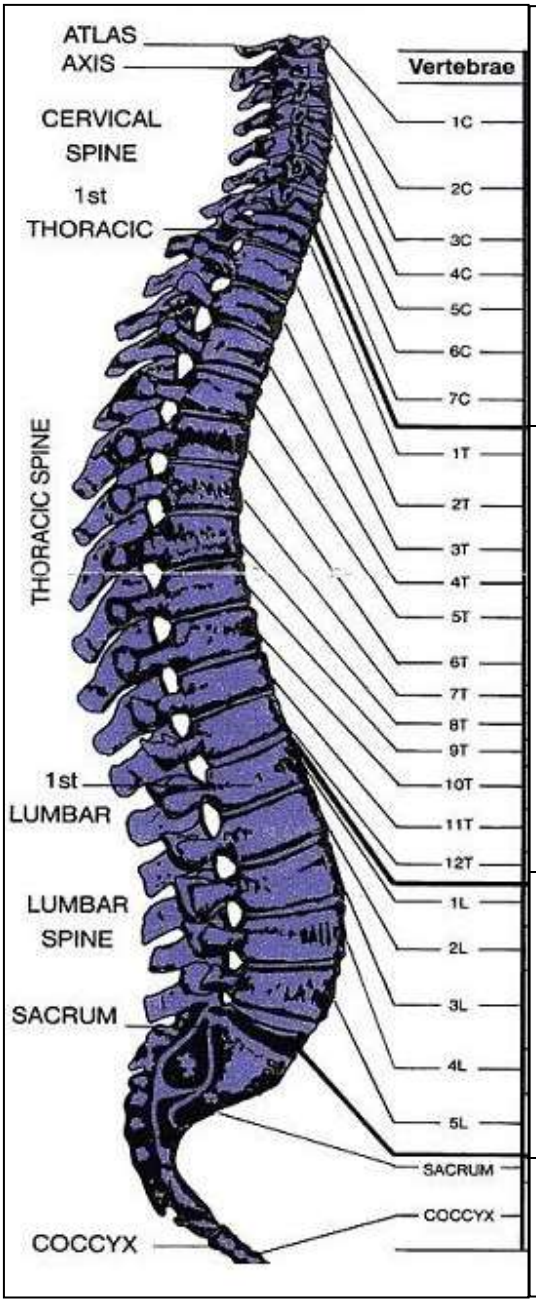
Symptoms are signs of nervous system stress.

Do You Have Any of the Following Symptoms? (Check all that apply)



- □ Neck Pain
- □ Headaches
- □ Migraines
- □ Dizziness
- □ Loss of Balance
- □ Ringing in Ears
- □ Hearing Loss
- □ Shoulder Pain/Tension
- □ Bursitis in Shoulders
- □ High Blood Pressure
- □ Difficulty Sleeping
- □ Allergies
- □ Chronic Sinus Problems
- □ Fatigue
- □ Thyroid Conditions
- □ Depression
- □ Anxiety
- □ Loss of Smell or Taste
- □ Short Attention Span
- □ Frequent Head Colds

- □ Upper or Mid-back pain
- □ Pain Between Shoulder Blades
- □ Asthma
- □ Shortness of Breath
- □ Heart Palpitations
- □ Heart Disease/Failure
- □ Bronchitis
- □ Pneumonia
- □ Flu
- □ Gallbladder problems
- □ Liver Conditions
- □ Poor Circulation
- □ Numb/tingling hands or arms
- □ Stomach Pain
- □ Indigestion
- □ Heartburn
- □ Acid Reflux
- □ Ulcers
- □ Gastritis
- □ Weak Immune System
- □ Hives
- □ Kidney Conditions
- □ Skin Conditions (eczema/acne)
- □ Gas or Bloating

- □ Low Back Pain/Stiffness
- □ Constipation
- □ Diarrhea
- □ Colitis
- □ Abdominal Cramps
- □ Menstrual Trouble
- □ Cold Feet
- □ Bladder Conditions
- □ Frequent or Painful Urination
- □ Leg Cramps
- □ Impotency or Fertility Issues
- □ Endometriosis
- □ Menopause
- □ Knee Pain
- □ Sciatica
- □ Ankle / Foot Pain

- □ Hip Pain
- □ Hemorrhoids
- □ Tailbone Pain
- □ Sacro-Iliac Pain

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Health History

Check only those conditions which are applicable:

□ AIDS/HIV	□ Depression	□ Kidney Disease	□ Psychiatric Care
□ Alcoholism	□ Diabetes	□ Liver Disease	□ Rheumatoid Arthritis
□ Allergy Shots	□ Down Syndrome	□ Measles	□ Rheumatic Fever
□ Anemia	□ Emphysema	□ Migraine Headaches	□ Scarlet Fever
□ Anorexia	□ Epilepsy	□ Miscarriage	□ Stroke
□ Appendicitis	□ Fractures	□ Mononucleosis	□ Suicide Attempt
□ Arthritis	□ Glaucoma	□ Multiple Sclerosis	□ Thyroid Problems
□ Asthma	□ Goiter	□ Mumps	□ Tonsillitis
□ Bleeding Disorders	□ Gonorrhea	□ Osteoporosis	□ Tuberculosis
□ Breast Lump	□ Gout	□ Pacemaker	□ Tumors, Growths
□ Bronchitis	□ Heart Disease	□ Parkinson's Disease	□ Typhoid Fever
□ Bulimia	□ Hepatitis	□ Pinched Nerve	□ Ulcers
□ Cancer	□ Hernia	□ Pneumonia	□ Vaginal Infections
□ Cataracts	□ Herniated Disc	□ Polio	□ Venereal Disease
□ Chemical Dependency	□ Herpes	□ Prostate Problems	□ Whooping Cough
□ Chicken Pox	□ High Cholesterol	□ Prosthesis	□ Other_____
			_____

For Women Only

Are you pregnant?	YES/NO
Are you currently nursing?	YES/NO
Are you taking birth control pills?	YES/NO
Do you have excessive menstrual flow?	YES/NO
Do you experience irregular cycles?	YES/NO
Do you experience extreme cramping?	YES/NO
Do you have breast implants?	YES/NO
Have you given birth?	YES/NO

If yes: Vaginal delivery or C-Section
Were any instruments used? (vacuum/forceps/etc.) YES/NO
Was an epidural or Pitocin administered? YES/NO

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Authorizations & Acknowledgements

TREATMENT AUTHORIZATION

"Chiropractic is a philosophy, science and art of things natural; a system of adjusting the segments of the spinal column for the correction of the cause of dis-ease."

The chiropractic care given at The Body Well will be for the following purposes:
-Analysis of the spine and nervous system for the purpose of locating vertebral subluxations (spinal misalignments causing nerve interference) and/or other interferences to your expression of health.
-Adjustments of the spine for the purpose of correcting vertebral subluxations.
-Wellness workshop, emails, educational materials or wellness support products will be offered if they enhance the philosophy of chiropractic and natural healing.
-We do not offer care with the intention of "treating" or "curing" disease or conditions. We offer correction of vertebral subluxations for the enhancement of innate self-healing.
-Chiropractic care does not take the place of emergency medical care. If you are experiencing an emergency, please call 911 or proceed to the nearest hospital.

INFORMED CONSENT

Chiropractic care, like all forms of health care, while offering considerable benefit may also provide some level of risk. The most common reported adverse reaction to spinal adjustment is soreness at the site of adjustment. Prior to receiving chiropractic care at The Body Well, a health history and physical examination will be completed. These procedures are performed to assess your specific condition, your overall health and, in particular, your spinal health. These procedures will assist us in determining if chiropractic care is needed, or if any further examinations or studies are needed. In addition, they will help us determine if there is any reason to modify your care or provide you with a referral to another health care provider. All relevant findings will be reported to you along with a care plan prior to beginning care.

COMMUNICATION AUTHORIZATIONS

-I give my permission to The Body Well Doctor(s) or staff to use my phone number and clinical records to contact me with appointment reminders, missed appointment notifications, birthday cards, holiday related cards, newsletter, information about health care or other related information. I give permission to leave a phone message on my answering machine or voicemail.
-I give the Doctor(s) permission to adjust me in an open room where others are also being adjusted. I am aware that other persons in the office may overhear some of my protected health information during the course of care. Should I need to speak with the Doctor at any time in private, she/he shall provide a room for these conversations.
-This authorization will remain in effect for the duration of my care at The Body Well plus seven years or until revoked by me.

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REVOCATION OF AUTHORIZATIONS

These authorizations may be revoked by me, in writing, at any time. Such revocation will not affect my financial responsibility to pay for services rendered.

PATIENT ACKNOWLEDGMENT

I certify that the information I provide to my doctor(s) and/or insurance company is correct. I certify that I am here to receive chiropractic care and for no other purpose. I do not represent any third party.

By signing and dating this form I acknowledge I have discussed, or have had the opportunity to discuss, with my chiropractor the nature and purpose of chiropractic care in general and my treatment in particular (including spinal adjustment) as well as the contents of these Acknowledgements and Authorizations.

I consent to the chiropractic care offered or recommended to me by my chiropractor, including spinal adjustment. I intend this consent to apply to all my present and future chiropractic care.

Name (Please Print): _____Sign_____

Witness: _____Date:_____