

# WELCOME TO ATLANTIS CHIROPRACTIC, INC!

## THANK YOU

Thank you for placing your confidence and trust in us! We are excited to be part of your health care team and will strive to do our best to help you reach your health care goals. We take this privilege very seriously and want you to be well informed about what we do. If you have any questions about anything, please do not hesitate to ask.

## CHIROPRACTIC NEUROLOGY

Chiropractic neurology approaches patient care very differently than medical neurology. Chiropractic neurology seeks to enhance the performance of the nervous system through natural means . . . without using drugs or surgery. We find that chiropractic neurology is summed up best by saying “a healthy spine creates a healthy body and a better brain creates a better life!”

## YOUR INITIAL EVALUATION

Depending on the specific details of your particular case, your initial evaluation may include any or all of the following components: comprehensive history, consultation, vitals, blind spot mapping, neurological testing, balance testing, eye movement recording, range of motion, functional foot analysis, vision testing, hearing testing, postural analysis, palpation, orthopedic testing, x-ray evaluation, and screening for the planning, rhythm, and timing aspects of the brain.

## CUTTING EDGE TREATMENTS

Atlantis Chiropractic, Inc. uses cutting edge treatments to enhance the performance of your nervous system. Spinal adjustments (which are specific applications of force applied to the spine), extremity adjustments, myofascial release, cold laser therapy, visual stimulation, auditory stimulation, olfactory stimulation, caloric stimulation, core strengthening, extremity strengthening, primitive reflex inhibition, aerobic activity, balance training, Interactive Metronome training, vision therapy, breathing training, and electrical stimulation may be recommended. These cutting edge treatments are usually beneficial and seldom cause any problems. In the unlikely event you feel they are causing problems, please let us know right away.

## RESULTS

Due to the complexities of the human body, we can not promise a specific result in any case. We have found that two similar conditions may respond quite differently to care. The fact is that the science of chiropractic neurology and medical neurology will never be so exact as to provide definite answers to all problems. (We are thankful though that the majority of our patients do very well under our care!) In a small minority of patients, the results are less than expected and are usually from not following our recommendations.

## TO THE PATIENT

Please discuss any questions or problems with the doctor *before* signing this paper.

I, \_\_\_\_\_ have read and fully understand the above statements. All questions regarding the  
(print name)

care in this office have been answered to my complete satisfaction. I, therefore, accept chiropractic neurological care on this basis.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

# COMPREHENSIVE HEALTH HISTORY

To help us serve you better, please complete all questions.

Date: \_\_\_\_\_ Who may we thank for referring you? \_\_\_\_\_

Legal name: \_\_\_\_\_ What would you like us to call you? \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital status: \_\_\_\_\_ Children: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Are your job duties physically demanding for you? Yes  No  Do you like your job? Yes  No

Does your immediate family have a history of the following? Cancer  Arthritis  Diabetes  Heart disease

What health conditions have you had in the past? \_\_\_\_\_

\_\_\_\_\_

What injuries and traumas have you had in the past? \_\_\_\_\_

\_\_\_\_\_

What surgeries have you had in the past? \_\_\_\_\_

\_\_\_\_\_

What hospitalizations (other than surgeries listed above) have you had in the past? \_\_\_\_\_

\_\_\_\_\_

What medications, vitamins, or supplements do you currently take? \_\_\_\_\_

\_\_\_\_\_

How many do you consume in an average day? Cigarettes? \_\_\_\_\_ Coffee/cola? \_\_\_\_\_ Diet soda? \_\_\_\_\_ Alcoholic beverages? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_ Right handed  Left handed

What are your exercise activities? \_\_\_\_\_

\_\_\_\_\_

Have you ever been diagnosed with any of the following?

Joint instability  Osteoporosis  Benign bone tumors of the spine

Bleeding disorders or anticoagulant therapy  Radiculopathy with progressive neurological symptoms

Have you ever been diagnosed with any of the following?

Acute rheumatoid arthritis  Ankylosing spondylitis  Healed fractures with signs of instability

Unstable os odontoideum  Spinal malignancies  Spinal infections  Myelopathy

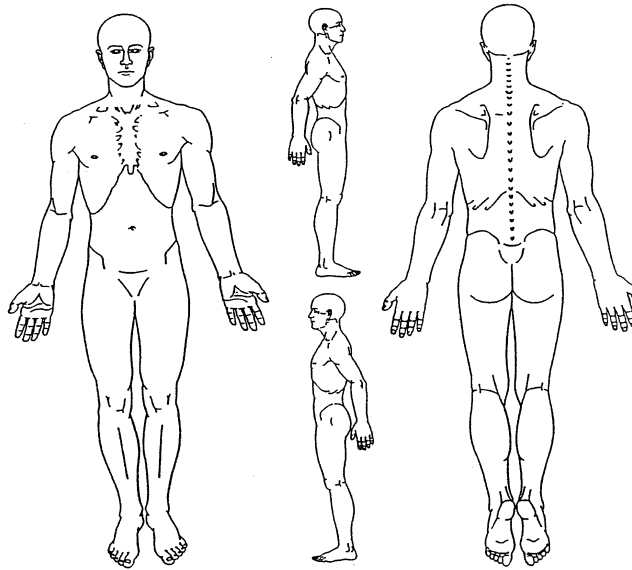
Cauda equina syndrome  Vertebrobasilar insufficiency syndrome  Major artery aneurysm

What is your primary complaint? (pain, dizziness, numbness, learning, etc.) \_\_\_\_\_

What were you doing when you first felt it? \_\_\_\_\_

Use the letter below to indicate the type and location of your sensations right now:

A = Ache      B = Burning      N = Numbness      P = Pins and needles      S = Stabbing      O = Other



When did it begin? \_\_\_\_\_ Is this problem related to either of the following? Work accident  Auto accident

How severe is it? (0 = no symptom at all 10 = severe/excruciating symptom) 0 1 2 3 4 5 6 7 8 9 10

How much of the time do you feel it? 1% - 25%  25% - 50%  50% - 75%  75% - 100%

Does it travel to another part of your body? Yes  No  Where? \_\_\_\_\_

What makes it worse? \_\_\_\_\_

What makes it better? \_\_\_\_\_

Since it began, has it? Improved  Stayed the same  Worsened  Been on and off

What activities of daily living are you having trouble with? Bending  Climbing  Housework  Driving

Arising out of a chair  Lifting weights  Opening jars  Pulling  Pushing  Reaching  Reading

Running  Shopping  Sleeping  Standing  Walking  Writing

What prior treatments/medications have you done for it? \_\_\_\_\_

Have you had any of the following diagnostic tests for this? X-rays  MRI  CT scan  EMG/NCV  other

What are you most concerned with regarding your problem? \_\_\_\_\_

What do you desire most to get from working with us? \_\_\_\_\_

What other complaints do you currently have? \_\_\_\_\_