LifeSteps Health & Wellness

Dr. Annette J. Trick, DC, CAC

Doctor of Chiropractic & IVCA Certified Animal Chiropractor

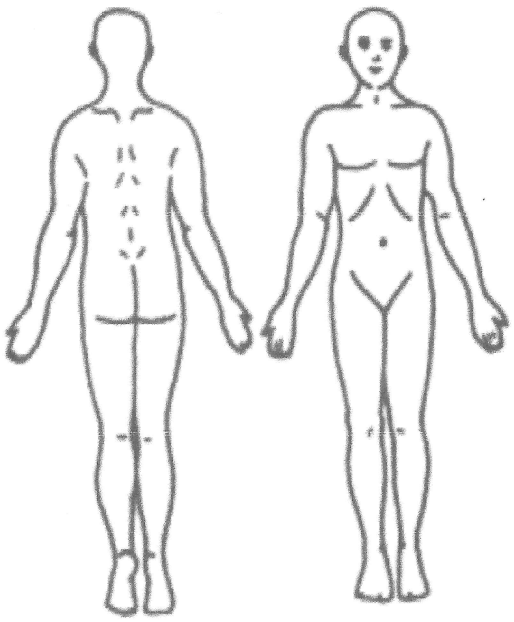
970-779-3201

CLIENT INFORMATION			
Name:		Date of Birth:	Sex:
Street address:		Cell phone number: ( )	
City:	State:	Zip:	
Email:		❑ Single ❑ Married ❑ Divorced ❑ Domestic Partner ❑ Widowed	
For appointment reminders, do you prefer: ❑ Text OR ❑ Email		OK to leave voicemail? ❑ No ❑ Yes	
Number of children:	Name(s), age & gender of children:		
Referred by: ❑ Dr. _____ ❑ Friend/Family: _____ ❑ Website/internet ❑ Social Media ❑ Other:			

HEALTH HISTORY
What is the primary reason for seeking chiropractic care?
Have you previously received chiropractic care? ❑ No ❑ Yes *If yes, please provide name of doctor/ clinic and duraction/frequency of care:*
Have you ever seen another health care provider for these conditions? ❑ No ❑ Yes *If yes, please provide name and specialty (e.g. chiropractor, primary care provider)*
Please list any additional health concerns:
Please list any over-the-counter and prescription medications that you are currently taking:
Please list any surgeries with dates:

PLEASE MARK on the diagram using the following key to describe your current symptoms:

S = Sharp/Stabbing **D** = Dull **B**= Burning **A** = Aching
N = Numbness **T** = Tingling **R** = Radiating



What makes your symptoms better?

What makes your symptoms worse?

When did your symptoms start?

What daily activities are being restricted by your current health concerns?

SOCIAL HISTORY

Do you smoke tobacco?

❑ Never	❑ No Age quit:	❑ Yes Age started:	Type: ❑ cigarettes ❑ cigars ❑ pipe ❑ e-cig/vaporizer Frequency: ❑ Daily ❑ Weekends ❑ Occasional

Do you drink alcohol? ❑ Never ❑ Daily ❑ Weekends ❑ Occasionally

How often do you exercise? ❑ Never ❑ Daily ❑ Weekends ❑ Occasionally

What type of exercise do you perform?

How much water do you drink daily?

How much soda/pop, sport drink, and/or juice do you drink daily?

How much coffee, tea and/or caffeinated beverages do you drink daily?

IN CASE OF EMERGENCY

Emergency contact:	Relationship:	Phone number: ( )

IF CLIENT IS A MINOR

Name of parent/guardian	Relationship:	Phone number: ( )