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kacielegal@elementsofbeing.com



***We want to know all about you!!!*** (Confidential)

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (mi) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ (cell or home?) \_\_\_\_\_

Email Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone # (\_\_\_\_\_) \_\_\_\_\_ Ext. # \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Single \_\_ Married \_\_ Partnered \_\_ Divorced \_\_ Widowed \_\_ Separated \_\_

Spouse's/Partner's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

Number of Children: \_\_\_\_\_ Names and Ages: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**Who can we thank for referring you to Elements of Being?**

**Main reason for seeking Chiropractic care:**

- To experience a new level of health and well being
- To be more connected to my body
- To relieve my pain
- Not sure
- Other: \_\_\_\_\_

**Do you have health concerns?**

**How is this affecting your life?** (physically, socially, family life, concern for future health, etc)

**Previous Chiropractic Care?** Y/N If yes, date of last adjustment \_\_\_\_\_

Name of Chiropractor \_\_\_\_\_

Reason for ending care: \_\_\_\_\_

**What is your understanding of Chiropractic?**

**Physical Stresses/Earth Element**

- Birth Trauma (your birth)
- Car accidents
- Sports Injuries
- Physical abuse
- Work injury

**Chemical Stresses/Fire Element**

- Environmental
- Cigarettes
- Caffeine
- Alcohol
- Processed foods

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- Poor Posture
- Heavy computer use
- Repetitive movements
- Prolonged posture position
- Carrying Children
- Refined sugars
- Prescription Drugs
- Recreational drugs
- Aspartame/artificial sweeteners

**Emotional Stresses/water Element**

- Relationships
- Career
- Family
- Financial
- Pace of life
- Quick temper
- Holding in feelings
- Perfectionism
- Procrastination
- Depression

**Mental Stresses/Air Element**

- Worry about future
- Think a lot about the past
- Hard time being 'present'
- Hard time clearing out the mind chatter
- Regrets
- Mind races at night
- Mental Anxiety
- Hard time concentrating/focusing
- Diagnosis of mental challenge

**Connection/Spiritual/Ether Element (Optional)**

- Feel connected to a higher power
- Feel a connection to your inner power/inner body
- Feel a connection to Nature
- Feel a connection with other people on a deep level

**Baby on Board?**

Are you pregnant? Y/N      What week are you currently in?      ultrasounds? Y/N      OB/Gyn or Midwife?  
Do you have a birthing plan? Y/N      Do you have a Doula? Y/N      Have you been given a due date? Y/N if so, when?  
If in week 32 or greater, what is the position of baby? LOA, ROP, Breech. Don't know?

**Other Questions**

Who is on your health team? (Massage, Acupuncture, reflexologist, personal trainer, nutritionist, naturopath, M.D., etc.)

Have you had any major sicknesses, been unconscious, or extended hospitalizations?

Please rate 1-10 (10 is best):

physical health?

emotional health?

mental health?

What are the healthiest habits that you currently choose in your life?

Why is your health important to you?

Any other information that may be relevant?

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**OUR PURPOSE — A Statement of Clinical Objective**

The purpose in sharing with you this statement of clinical objective is to clearly define Elements of Being approach to Chiropractic, to healing and to those we serve in this office.

The following concepts are central to Chiropractic and we are pleased to share these ideas with you so that we can be in alignment of purpose from the very beginning.

\* There is an intelligence within each individual, which not only keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals.

\* The nervous system is the main coordinating system and distribution center for this innate intelligence.

\* Alteration in the shape, position, tone, or tension of then nervous system, (especially at the spine) will block, inhibit, or redirect the expression of this intelligence.

\*The sole purpose of the Chiropractic Adjustment in this office is to bring more ease into the body and empowering a greater communication of each person's self-healing power.

\* Everyone, in spite of specific symptoms or ailments, can benefit from a nervous system which is more flexible, elastic, and more adaptable to life's stresses.

\* The innate intelligence, through the functioning of the nervous system, is the true agent of healing, empowerment, coordination, inspiration, movement, and joy. Healing is an inside job, coordinated by the same power that develops and renews your body.

\* By their very intent, various forms of treatments may interfere with the functioning of the nervous system and are often incompatible with maximizing the benefits of chiropractic adjustments. This may include drugs such as pain reducers, muscle relaxants, anti-inflammatory compounds, and mood altering medications.

\* We will not venture into the practice of medicine by advising about the need for reduction of such medications. We suggest you speak with your physician to determine the objective and goal to be obtained by receiving the medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently taking to accommodate for your changing body-mind.

\* Consistent with these concepts, we choose to help each individual member of Elements of Being experience a greater level of wellness, flexibility, personal growth, empowerment, and healing by locating and adjusting areas of stored tension and potential energy with whichever force application appears most honoring to that individual at that time.

I, \_\_\_\_\_ have read this statement of purpose, and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of diagnosis or treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom. This office offers chiropractic as a form of wellness care, to promote the natural mechanisms for self-healing and empowerment.

Signature:

Date:

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