



131 Carmichael Road suite 202 Hudson WI 54016 (715)386-7690 Fax (715)386-7719
MccabeChiropractic.com

Welcome!

Your first visit to our center is an opportunity for us to learn all about you and your family. It is a time for you to share with us where you are now in your health and life as well as what you would like to move toward. You may also find your ideas about true health expanding as you take your first step with us on your journey toward new levels of health and wellness. [Here we go!](#)

Personal Information...

Today's Date ___/___/___ Name _____ Birth Date ___/___/___

Phone (H) _____ (W) _____ Ext. _____ (Mobile) _____

Address _____
Number & Street City State Zip

Email Address _____

Single Married Partnered Widowed Divorced

Spouse's Name _____

of Kids ___ How many at home? ___ Names & ages: _____



Employer : _____ Self-employed?

What kind of work do you do? _____

Do you have a primary healthcare advisor? Yes No What type? MD DO Other _____

Have you ever been to a chiropractor before? Yes No Approximate date of last visit ___/___/___

Dr.'s Name/City/State: _____ Good results? Yes No

Have you ever been told you have any problems/defects in your spine or nerve system? Yes No

If yes, what? _____

Please check if you are here for any of the following: Motor Vehicle Injury Work Injury Other Injury

Whom may we thank for referring you to our center? _____

Let's Find Out Why You're Here...

What is the main reason for your visit today? _____

Any other specific concerns? _____

And How You Got to Where You Are Now...



When it comes to your health, the #1 cause of pain, illness and disease is STRESS. Stress exists in our lives in three forms: Physical, Chemical, Emotional, and they all can negatively affect our health by driving us away from normal function and balance and moving us toward malfunction and instability.

Are there any specific physical, chemical or emotional stresses you are aware of that your mother endured while she was pregnant with you? Yes No

If Yes, Please explain _____

I was born In a Hospital At Home Any complications with your birth? Yes No

Were you generally healthy and happy during your:

- early childhood years? Yes No If no, explain : _____
- teen/early adult years? Yes No If no, explain: _____
- adult years? Yes No If no, explain: _____

Physical Stresses

Physical Stress can take the form of accidents, injuries, falls, broken bones, sports injuries, repetitive motions, work injuries, poor posture, etc.

<p>Please list specific physical stresses from your:</p> <p>Childhood?</p> <p>Teen/Early Adult Years?</p> <p>Adult years?</p>	<p>Sleep:</p> <p>What position? (circle) Side, Back, Stomach</p> <p>How many hours/ night? _____</p> <p>Exercise:</p> <p>Yes/ No</p> <p>What kind: _____</p> <p>How Often: (circle) Daily, 5 days, 3-4 days, 1-2</p>
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Chemical Stresses

Chemical stress can take the form of inadequate nutrients in our diet, toxins in our foods, drugs (prescription, OTC, or recreational), environmental toxins, alcohol, nicotine, food allergies, etc.

<p>Please list specific chemical stresses from your:</p> <p>Childhood?</p> <p>Teen/Early Adult Years?</p> <p>Adult years?</p>	<p>Your Diet is (circle one): healthy good fair poor</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Supplement List</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Medication List</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>	<p>Supplement List</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Medication List</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Emotional Stresses

Emotional stress can take the form of relational stress at home or at work, financial worry, guilt, inadequate sense of "self", anxiety, and environmental stresses like driving in traffic, large crowds, or post traumatic stress.

<p>Please list specific emotional stresses from your:</p> <p>Childhood?</p> <p>Teen/Early Adult Years?</p> <p>Adult years?</p>	<p>Do You (circle all that apply):</p> <p>-see a counsellor -reserve time for "you"</p> <p>-spend time with friends -pray</p> <p>-meditate -make time for spouse</p> <p>-feel at ease/peace -have an outlet for stress</p>
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Please list any specific health challenges you have overcome in your life _____

Please list any specific health problems from your family's history that you believe are significant to you.

Let's Make Sure We're On the Same Page...

When an individual or family seeks chiropractic care, it is essential for all parties to be working toward the same objectives. We have only one goal, and it is important that you understand both our objective and the methods we will use to move consistently toward that objective.

Your care in our center is not a substitute or alternative for, nor is it a preventative form of *medicine*. Medically-based care specializes in the *diagnosis* and *treatment* of specific symptoms, illnesses, and disease. Our chiropractic care plans are based on vitalistic principals and specialize solely in helping people of all ages ensure that their spines and nerve systems are functioning as optimally as possible. This in turn allows a fuller expression of life in their bodies.

So while the natural result of a higher expression of life *is* increased **health, wellness** and an **overall expansion of your well being**, we will not diagnose, treat or attempt to cure any specific physical, mental or emotional ailment, nor will we give advice about specific medical conditions or treatments.

If you are seeking care for the removal of a *specific medical* symptom or condition, we may suggest you seek **additional** help from a symptom, illness, and disease orientated professional if you or we feel that our wellness-based approach will not be sufficient in progressively raising you to the levels of health, wellness and wholeness you desire for yourself and your family.

I, _____, have read and understand the above statement and I hereby give permission for Dr. McCabe to continue with (circle one) my and/or my child's initial consultation and assessment. I also agree to return at a later date to attend a brief orientation and allow Dr. McCabe to report his findings and recommendations to me immediately following the orientation. By agreeing to this, I am in no way obligated to follow the advice given to me in the orientation and report of findings.

Signed _____ Date ____/____/____

Consent To X-ray

I, _____, do hereby give my consent to allow McCabe Family Chiropractic or McCabe Chiropractic and Wellness Center and its representatives to take x-rays as deemed appropriate by the examining doctor. I also declare to the best of my knowledge that I am not pregnant.

Patient Signature: _____ Date: _____



