

Jonathan Vahue, D.C.
Healthy Family Chiropractic
3234 S. Westnedge Ave
Kalamazoo, MI 49008
(269)567-4111
www.kalamazoochiropractor.com

Patient Name: _____

Date of Birth: _____

Phone Number: _____

Date Completed: _____

A Note to Our Patients

Good nutrition, exercise, chiropractic adjustments, and positive thinking, are all examples of wellness activities which play a tremendous role in your health and longevity. Nutritional information is provided to help improve your overall health and well-being. It is not intended to treat disease symptoms, or to provide any cure other than by stimulating your innate healing potential.

MEDICAL HISTORY:

(For items below, attach additional sheets if necessary)

Please list any medications you are currently taking:

Please list any vitamins, herbs, or supplements you are currently taking:

Please list any allergies you have:

Please list any surgeries or medical procedures you have had in the past 12 months:

Please list any other surgeries or medical procedures you have had over 12 months ago:

TO BE COMPLETED BY DOCTOR

Blood Pressure: Recumbent _____ Standing _____ **Pulse:** Recumbent _____ Standing _____

pH of Saliva ___ **Height** _____ **Weight** _____ **Temperature** _____

***** Results are typically discussed on the next visit in our office. However, you may request your results by mail within 2 business days of receipt.**

Statement	"X"	System	C	D	G	Im	In	N	R	S	U
Low endurance/stamina		C/R/S									
Lack of balanced diet		D/In/G									
Slow recovery from illness		In/C/Im/G									
Less than 2 bowel movements per day		D/In/N									
Lack of appetite		D/N/G									
Low sex drive		G									
Brittle or easily broken fingernails		D/S									
Dry, damaged, or dull hair		D/U									
High-fat diet		D/In/C									
Unsettled, apprehensive, pressured		N/G									
Low-fiber diet		In/C									
Muscle cramps or spasms		N/S									
Exposure to air pollutions daily		Im/R									
Caffeinated beverage (16oz. or more) daily		N/G/S									
Feeling out of control		N/Im/S									
Food/chemical sensitivities		D/In/Im									
Recurrent yeast/fungal infections		D/In/Im									
Weak bones, teeth, or cartilage		D/U/S									
Suffering from anxiety or worry		D/N									
Easily irritated or angered		In/N/G									
Do not exercise regularly		In/N/G/S									
Respiratory, sinus or allergy problems		In/R									
		TOTAL:									

System Key:

- | | |
|------------------------|-------------------------|
| C = Circulatory | N = Neurological |
| D = Digestive | R = Respiratory |
| G = Glandular | S = Structural |
| Im = Immune | U = Urinary |
| In = Intestinal | |

ADDITIONAL NOTES: If you have any additional goals with your nutrition, such as enhancing athletic performance, weight loss, increase bone density, etc., please write them below:

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