Jonathan Vahue, D.C.
Healthy Family Chiropractic
3234 S. Westnedge Ave
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(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								
nH 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.

<u>ANALYSIS OF NUTRITIONAL SUITABILITY:</u> Like the musicians who make up an orchestra, the body systems - digestive, intestinal, circulatory, nervous, immune, respiratory, urinary, endocrine, and musculoskeletal, must all work in harmony. When a concern in one body system arises, other systems are affected.

Look at each statement below. If the statement applies to you, put an "x" in the corresponding box. Each statement is meant to indicate one or more body systems that may need some extra nutritional support.

Statement	"X"	System	C	D	G	Im	In	N	R	S	U
Lack of energy		D/C/N/Im/G									
Illness more than twice a year		Im									
Body odor and/or bad breath		D/In/R/U									
Difficulty digesting certain foods		D/Im									
Eat meat more than 3 times per day		In/C/R									
Menstrual irregularities		In/U/G									
Recent or frequent use of antibiotic		In/Im									
Regular consumption of alcohol		N/G									
Frequent mood swings		N/G									
Food allergies		D/Im/R									
Bags under eyes		C/N/U									
Smoking		C/N/R									
Poor concentration/memory		C/N/G									
Poor resistance to disease		D/Im									
Belching or gas after meals		D/Im									
Stressful lifestyle		C/N/Im/G									
Skin problems/Complex lifestyle		D/In/U/G/S									
Craving for sweets, salt, or junk food		N/G									
Regular consumption of dairy products		In/R									
Feeling low, disinterested, or depressed		In/N									
Too little sleep or restless sleep		N/G									
Menopausal concerns		N/G/S									
Frequent urination or urinary concerns		U									
Hair loss		C/N/G/S									
Sore or painful joints		C/Im/S									
Difficulty in maintaining ideal weight		N/Im/G/S									

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									
System Key: C = Circulatory N = Nouvelegies		TOTAL:									

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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