



FAMILY CHIROPRACTORS Of RIDGEWOOD



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PLEASE READ CAREFULLY

It is important to the both of us that you – the patient – fully understand what Chiropractic IS and what it is NOT.

CHIROPRACTIC IS NOT

Chiropractic is NOT medicine. It is NOT the diagnosis and treatment of diseases or symptoms. Chiropractors do NOT treat, heal, or cure their patients. The practice of Chiropractic is NOT dependent on medical techniques such as diagnostic tests or medical examinations. Chiropractic is NOT meant to replace emergency medical or first-aid procedures.

CHIROPRACTIC IS

Chiropractic is a PHILOSOPHY, a SCIENCE, and an ART.

Chiropractic is the PHILOSOPHY of things natural. We recognize that in all living things is an inborn or "INNATE" wisdom which is responsible for the creation of Life, for sustaining Life, and for the healing and recuperation of living cells.

Chiropractic is the SCIENCE of locating and analyzing spinal misalignments (SUBLUXATIONS) which interfere with normal nerve transmission, thereby interfering with normal Life Expression and body function.

Chiropractic is the ART of correcting these "subluxations by hand adjustments for the removal of nerve interference, so that the body can achieve more normal Life Expression.

SIGNATURE _____ DATE _____

PERSONAL HISTORY

Name: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone # _____ Work Phone # _____ Cell # _____
Date of Birth: _____ Age: _____ SS# _____
Referred By: _____ Marital Status: _____ # of Children: _____
Occupation: _____ Years at Present Job: _____
Business Address: _____
Who Is Responsible For Your Bill?: () Self () Spouse – Name _____
Insurance Type: () Medicare () Auto Insurance () Major Med. () Workman's Comp.
Name & Address of Ins. Co.: _____
Ins. Policy # _____ Group # _____ Claim # _____

HEALTH INFORMATION

Have you ever had previous Chiropractic Care? _____ When? _____
Have you ever had Spinal X-Rays taken? _____ When? _____
Do any other family members receive Chiropractic Care? _____
Briefly describe present complaint (if any) _____

When was the first occurrence? _____
Is this a work related injury or auto accident injury? _____
If yes, please describe: _____
Do you have any other major health complaints? _____
How long has it been since you really felt good? _____

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The next set of questions are crucial in helping us determine what type of stress you have experienced in your lifetime which may have led to the condition of your spine.

Physical Stress:

Was your Birth traumatic? _____
Was your Delivery: Drug Induced? _____ Forceps or Suction? _____
 "C" Section? _____ Cord Around Neck? _____
 Breech? _____ Prolonged? _____
 Other _____

Have you ever been knocked unconscious? _____ Describe _____

Have you ever used crutches, a walker, or a cane? _____

Describe _____

Have you ever had any impacts, falls, or jolts that you feel specifically may have injured your spine?

Describe _____

During the day, I sit _____ stand _____ walk _____ do deskwork _____

do phone work _____ drive _____ heavy lifting _____

Do you exercise? _____ How often? _____ What type? _____

Have you ever, even as a passenger, been involved in a car accident? _____

Describe _____

Have you ever been Hospitalized? _____ Explain _____

Have you ever had Surgery? _____ Explain _____

Have you ever had a Spinal Tap? _____ Neck Collar? _____ Traction? _____

Spinal Brace? _____ Heel Lift? _____

Chemical Stress:

Are you currently taking any drugs (prescription or over-the-counter) regularly? _____

Please list: _____

Were these drugs prescribed by a Physician? _____ Date of Last Visit _____

Were you previously taking any medications regularly? _____

Do you work with any chemicals, fumes, dusts, powders or smoke for prolonged periods? _____

Emotional Stress:

Please circle any of the following emotional stresses you are now experiencing, or have experienced, in the past:

Childhood Stress

Work Related Stress

School Stress

Stress of Commuting

Play or Recreation

Loss of Loved One

Family Stress

Change in Lifestyle

Personal Relationships

Change in Vocation

Stress of Being Sick

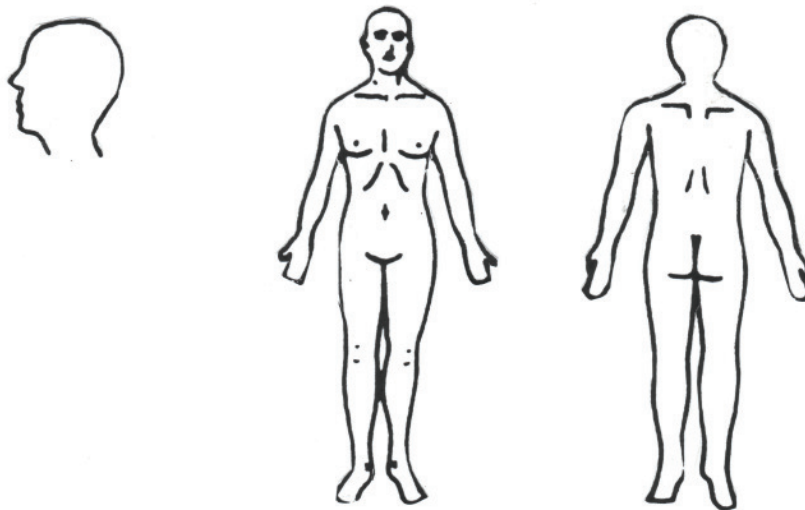
DO YOU HAVE ANY OF THE FOLLOWING SYMPTOMS? IF YES, PLEASE MARK WITH AN X.

- HEADACHES/MIGRAINES
- SHOOTING HEAD PAINS
- SINUS TROUBLE
- ALLERGIES
- HAYFEVER
- ASTHMA
- INFLAMMATION OF THROAT
- THYROID TROUBLE
- TWITCHING OF FACE
- FATIGUE
- DEPRESSION
- HEAD HEAVINESS
- DIZZINESS
- FAINTING
- LOSS OF BALANCE
- RINGING IN EARS
- MUSCLE SPASMS IN NECK
- GRATING IN NECK
- TIGHTNESS IN SHOULDERS
- PAIN IN SHOULDERS/ARMS
- PINS & NEEDLES IN ARMS/HANDS

- BURSTITIS
- COLD HANDS/FEET
- SHORTNESS OF BREATH
- HEART PALPITATION
- HEART ATTACK
- HIGH BLOOD PRESSURE
- LOW BLOOD PRESSURE
- ANEMIA
- RHEUMATIC FEVER
- NERVOUS STOMACH
- ULCERS
- NERVOUSNESS
- INNER TENSION
- IRRITABILITY
- COLD SWEATS
- LIVER TROUBLE
- GALL BLADDER TROUBLE
- INDIGESTION
- INTESTINAL GAS
- CONSTIPATION

- HEMORRHOIDS
- COLITIS
- KIDNEY TROUBLE
- BLADDER TROUBLE/CYSTITIS
- MENSTRUAL CRAMPS/PAIN
- MENSTRUAL IRREGULARITY
- DIABETES
- CANCER
- SLEEPING PROBLEMS
- PAINFUL JOINTS
- SWOLLEN JOINTS
- KNEE PAIN
- ARTHRITIS
- SLIPPED DISC
- PINCHED NERVE
- PINS & NEEDLES IN LEGS
- SWOLLEN ANKLES
- PAINS IN LEGS & FEET
- LOW BACK PAIN
- SCIATICA
- DIARRHEA

PLEASE MARK THE AREAS OF PAIN OR DISCOMFORT IN THE DIAGRAM BELOW:



Why Chiropractic? People go to Chiropractors for a variety of reasons. Some go for symptomatic relief of pain or discomfort (Relief Care). Others are interested in having the cause of the problem as well as the symptoms corrected and relieved (Corrective Care). Still others want whatever is malfunctioning in their bodies brought to the highest state of health possible with Chiropractic Care (Comprehensive Care). Your Doctor will weigh your needs and desires when recommending your treatment program.

Please check the type of care desired so that we may be guided by your wishes whenever possible.

- Relief Care
- Corrective Care
- Comprehensive Care
- Check here if you want the Doctor to select the type of care appropriate for your condition.