Embodied Chiropractic and Family Wellness
Dr. Brenna Werme, D.C.

413.475.0357 *17 Kellogg Avenue | Amherst, MA*

Updated Health Profile

Please do your best to fill out everything on this intake form. It is important that I understand what changes have occurred in your body since you started chiropractic care. This also helps me determine current life stressors that may have affected and could possibly continue to affect you physically, emotionally, mentally, chemically, and spiritually. In addition to providing chiropractic care I will continue to guide you towards overall life enhancement. Please know that I value your time and only aim to provide you the best care possible. Thank you for choosing Embodied Chiropractic and Family Wellness!

Current goals of care: __Continued Relief __Stabilization __Family Wellness/Prevention

Is this appointment related to an: __Auto accident __Injury __New pregnancy __Post-pregnancy

Name: _____
First Middle Last

Any changes in any of the following?

Address: _____
Street City State Zip Code

Home Phone: _____ **Cell phone:**_____

Email: _____ **Occupation:** _____

Current Health Concerns

List any previous health concerns that have ***resolved since starting chiropractic care:***
_____
_____
_____

What are your health concerns, ***starting with the most important to you?***
_____
_____
_____

Please answer the following questions ***about your current chief concern.*** (_____)
When did this situation or concern first begin?_____
Have you done anything for or gotten any advice or treatment for this issue other than in our office? ___Yes ___No
Explain:_____
Result: _____

What activities aggravate your condition/pain? _____
_____

What activities alleviate your condition/pain? _____
_____

Is the condition worse during certain times of the day? Y N If yes, when? _____

Does it affect your ___work ___relationships or intimacy ___decision making ___exercise or play ___attitude, patience ___ability to relax or sleep ___everyday activities

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On a scale of 1-10 (1 least, 10 most), please circle the severity of your symptoms: 1 2 3 4 5 6 7 8 9 10

Do you have ___pain ___numbness ___tingling ___aches
Is your pain ___sharp ___dull ___throbbing ___constant ___intermittent
Do you feel ___swelling ___cramping ___stiffness ___burning

Are there any other health concerns that are important to you?_____
_____

Current Health/History

Mark all that apply with (S) for Same/No Change, (I) for Improved, (N) for New Concern

___Weight changes
___Anemia
___Stroke
___OCD
___Digestive Problems
___Dental/Jaw Issues
___Arthritis (Type: _____)
___Ear/Hearing Issues
___Frequent Colds/Flu
___Skin Conditions
___High Blood Pressure
___AD/HD
___Cancer
___Headaches
___Eye/Vision Issues
___Asthma/Respiratory Disease
___Neck/Back Pain
___Depression
___SAD
___Menstrual Problems/Pain
___Diabetes
___Sinus Problems/Allergies
___High Cholesterol
___Bipolar Disorder
___Concussion/Head Injury
___Numbness/Tingling
___Urinary Tract Infections
___Dizziness/Vertigo
___Thyroid Disorder
Other_____

Has anything changed regarding any of the following since your last exam? *(If yes, answer below.)*

- Diet: _____
- Exercise: _____
- Sleep: _____
- Hydration: _____
- Stress: _____
- Therapies/Practitioners: _____
- Other: _____

Have you *stopped* any medications or supplements since your last exam? Yes No
What and reason stopped: _____
_____

Have you *started* any medications or supplements since your last exam? Yes No
What and reason stopped: _____
_____

List all medications (over the counter and pharmaceutical) and supplements you are *currently* taking and the reason for them: _____
_____

For Females Only: *Please fill out the following questions regarding any* ***new*** *pregnancies or births.*

Recent Births:
Third Trimester Presentation: ___Vertex ___Breach ___transverse ___Face/Brow
Type of Birth: ___Vaginal ___Forceps ___Cesarean ___Suction Cup or Vacuum
Interventions: ___Pitocin ___Epidural ___Ruptured Membranes ___Episiotomy ___Assisted Pushing
Delivery Location: _____ OB/Midwife: _____
Pregnancy/Birth Story: _____
_____
_____
_____

Do you plan on breastfeeding? Yes No
For how long? _____Or why not? _____

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Do you plan on vaccinating your child? Yes No
If yes, what schedule are you choosing? ___Full ___Delayed ___Modified
Why? _____

New Pregancy: How many weeks are you? _____ Due date? _____
Do you plan on delivering at: ___Home ___Birthing Center ___Hospital
If not at home, please name birthing location: _____
Do you plan on using a ___Midwife ___Doula ___Nurse Midwife ___OB *(circle all that apply)*
Names: _____
Do you plan on breastfeeding? Yes No
For how long? _____Or why not?_____
Do you plan on vaccinating your child? Yes No
If yes, what schedule are you choosing? ___Full ___Delayed ___Modified
Why? _____

Is there some aspect of your life that very much pleases you, brings you joy, or helps you to feel better about yourself? _____
_____

Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel **impair** your opportunity for full, unimpeded health?
_____
_____

Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel give you an edge or **add** to your health?
_____
_____

Please share your new goals, expectations, and/or intentions with continuing care so that I may best serve you.
_____
_____

Health is a process. Past and present choices affect this process.
Thank you for taking time to provide me with the information I need to best help you achieve your health goals. Congratulations on taking an active step toward health and thank you for giving me the opportunity to participate in this process.

Signature: _____ Date: _____

The Great American Chiropractor magazine names Bio-Geometric Integration one of the ten great approaches to chiropractic!

Bio-Geometric Integration masterfully blends the philosophy, science, and art of chiropractic and enhances the chiropractor's understanding of the human body. BGI provides comprehensive information of the innate geometry of the body and the force dynamics surrounding the creation and the release of subluxations. The philosophy, science, and art of chiropractic are examined from a post-Newtonian point of view, providing the opportunity to express and comprehend chiropractic in accord with contemporary science. Through understanding the innate geometry of the body, the chiropractor is able to more efficiently and gently release the subluxation and assess the effectiveness of the adjustment.

(quote edited and template design by Lotus of Life Chiropractic)