



**THE SOURCE**  
**CHIROPRACTIC**  
*Disponible en español a pedido*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ would you like to opt-in to text reminders? Y / N

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Gender Pronoun: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Active Military/Veteran: \_\_\_\_ YES \_\_\_\_ NO – Which branch/years: \_\_\_\_\_

Single / Married / Widowed / Partnered – Name: \_\_\_\_\_

Pregnant? \_\_\_\_ YES \_\_\_\_ NO Number of Children: \_\_\_\_\_ Names & Ages: \_\_\_\_\_

Who may we thank for referring you in? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PLEASE LIST YOUR HEALTH CONCERNS

Health Concerns: List Main Concern First	Rate Severity 1= Mild 10= Unbearable	When did this episode start?	Did you have this condition before? When?	Did the problem begin with an injury?	Constant? Intermittent?

Since these complaints/concerns started, are they:

\_\_\_\_ ABOUT THE SAME \_\_\_\_ GETTING BETTER \_\_\_\_ GETTING WORSE

What makes it worse? \_\_\_\_\_

What makes it better? \_\_\_\_\_

What are these concerns keeping you from doing? \_\_\_\_\_

Have you seen any other doctors/ health providers for this condition?

\_\_\_\_\_ Chiropractor \_\_\_\_\_ Medical Doctor \_\_\_\_\_ Other

If so, WHO & WHEN: \_\_\_\_\_

List SURGERIES (if any) and dates: \_\_\_\_\_

List all MEDICATIONS you are currently taking: \_\_\_\_\_

When was your last Auto Accident? \_\_\_\_\_

Have you ever been knocked unconscious? \_\_\_\_ YES \_\_\_\_\_ NO

Fractured any bones? \_\_\_\_ YES \_\_\_\_\_ NO – If YES, please describe: \_\_\_\_\_

Any other bodily trauma: \_\_\_\_\_

**CIRCLE ANY & ALL OF THESE PROBLEMS YOU'VE HAD IN THE LAST 2 YEARS**

- |                   |                     |                   |                 |
|-------------------|---------------------|-------------------|-----------------|
| DIZZINESS         | ASTHMA              | KIDNEY PROBLEMS   | CHRONIC FATIGUE |
| HEADACHES         | ULCERS              | BLADDER PROBLEMS  | LUPUS           |
| VERTIGO           | CHEST PAINS         | IRRITABLE BLADDER | FYBROMYALGIA    |
| EAR INFECTIONS    | ARM NUMBNESS        | SCIATICA          | ADD / ADHD      |
| ALLERGIES         | ARM PAIN            | LEG NUMBNESS      | GERD            |
| TMJ               | HAND NUMBNESS       | FEET NUMBNESS     | ANXIETY         |
| NECK PAIN         | SHOULDER PAIN       | LOW BACK PAIN     | NERVOUSNESS     |
| MIGRAINES         | HEART DISORDERS     | HIP PAIN          | EPILEPSY        |
| STIFFNESS IN NECK | MID BACK PAIN       | LEG PAINS         | DISC PROBLEMS   |
| CHRONIC SINUS     | STOMACH DISORDERS   | KNEE PAIN         | INFERTILITY     |
| THROAT ISSUES     | NAUSEA or REFLUX    | LIVER DISEASE     | OTHER           |
| THYROID ISSUES    | HIGH BLOOD PRESSURE | MENSTRUAL ISSUES  |                 |

**CIRCLE ANY CONDITIONS YOU HAVE CURRENTLY OR IN THE PAST:**

STROKE - CANCER - HEART DISEASE - SPINAL SURGERY - SEIZURES - SPINAL FRACTURE - SCOLIOSIS – DIABETES

Are you interested in tracking your emotional well-being while in care at The Source Chiropractic? \_\_\_\_ YES \_\_\_\_\_ NO

What are your expectations with care at The Source Chiropractic? \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## EMOTIONAL HEALTH AND WELLBEING

Below are some statements about feelings and thoughts. Please circle the number that best describes your experiences of each over the last 2 weeks.

STATEMENTS	NONE OF THE TIME	RARELY	SOME OF THE TIME	OFTEN	ALL THE TIME
I've been feeling optimistic about the future.	1	2	3	4	5
I've been feeling useful.	1	2	3	4	5
I've been feeling relaxed.	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare.	1	2	3	4	5
I've been dealing with problems well.	1	2	3	4	5
I've been thinking clearly.	1	2	3	4	5
I've been feeling good about myself.	1	2	3	4	5
I've been feeling close to other people.	1	2	3	4	5
I've been feeling confident.	1	2	3	4	5
I've been able to make up my own mind about things.	1	2	3	4	5
I've been feeling loved.	1	2	3	4	5
I've been interested in new things.	1	2	3	4	5
I've been feeling cheerful.	1	2	3	4	5

Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)  
NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Please read each item and circle the number which comes closest to how you have been feeling in the past 2 weeks. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long thought



## The Source Chiropractic No Call, No Show Cancellation Policy

Here at The Source Chiropractic, we understand that life can throw us unexpected emergencies. These unanticipated things are not always within our control. Due to appointments being in high demand, we ask that you do your best to notify us in advance about any changes to your appointment. It is our commitment to you as a Source member that you have an exceptional experience here at our office. Out of respect for our chiropractors and other Source members, we appreciate at least 24 hours advanced notice from our practice members when they are unable to keep their scheduled appointment. This is valuable time that can be dedicated to someone who may have an immediate need for care.

### I understand:

- If I have not shown up within 15 minutes past my scheduled appointment and have not notified the office, it will be considered a No Call, No Show Cancellation. In this case, I will be charged 50% of my appointment cost.
- My care plan payments do not cover payment for missed appointments; therefore, I am responsible for these additional charges when applicable.
- Optional reminder texts, emails, and/or calls can be made 24 hours prior to my appointment, as a courtesy, and that I am expected to be in attendance of my appointment.

I authorize The Source Chiropractic to use the credit card I have on file for these additional charges when applicable.

To reschedule your appointment, please call 520-344-9651. If you are unable to reach us, please leave a detailed message on our voicemail system available 24 hours a day, 7 days a week. You may also cancel via email: [sourcechiro Tucson@gmail.com](mailto:sourcechiro Tucson@gmail.com).

Thank you for your understanding. We are available to answer any questions you may have. We look forward to caring for you here at The Source Chiropractic!

I have read and agree to the terms of The Source Chiropractic's No Call, No Show Cancellation policy.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Staff: \_\_\_\_\_