



Café of Life

Experience • Life • Now
Through Exceptional Chiropractic Care

Dr. Haley Thompson, DC

970.385.0321

Name:

Date:

Address:

City:

State:

Zip:

Phone:

Work #:

Date of Birth:

Type of employment:

E-Mail:

Who may we thank for referring you?

Have you been under chiropractic care before?

Why are you here?

What have you given up in your life because of this?

Please list for us significant events and traumas, such as divorce, accidents, injuries or surgeries:

Please list any drugs/chemicals (prescriptions or otherwise) and purpose for taking them.

What are your goals in seeking chiropractic care at this office?

The Power that Made the Body Heals the Body. No drug, surgery, or intervention otherwise can duplicate the function of healing as assumed by the Innate Intelligence that is us.

How are you currently feeling emotionally?

How are you currently feeling physically?

What causes you stress?

What is it in your life that keeps you on center?

What has been your greatest achievement in life thus far?

What else would you like to share about your life?

PLEASE SEE REVERSE

How do you grade your physical health? Excellent Good Fair Poor

It is currently: Same Getting better Getting worse

How do you grade your emotional/mental health? Excellent Good Fair Poor

It is currently: Same Getting better Getting worse

How do you rate your overall quality of life? Excellent Good Fair Poor

It is currently: Same Getting better Getting worse

How well do you rate your ability to deal with stress? Excellent Good Fair Poor

It is currently: Same Getting better Getting worse

Chiropractic is not a treatment for any specific condition. Its sole purpose is whole body healing regardless of the disease or condition. When allowed to fully express our healing potential overall health ensues mentally, physically, emotionally.

Disease is a process which does not happen over night. It takes time to build an unhealthy body. Just as it takes time to build a healthy one. Patience is key on the road to recovery.

When working with an integrative approach such as the Chiropractic Adjustment; it is impossible to fix anything. The body heals from what is showing up at the present moment.

I Understand and have read the above statements. I understand that no diagnosis is given in this office and therefore also acknowledge that chiropractic in this office is not a treatment for any condition I may have or experience but is a form of healing that I am willing to undergo so that I may experience a greater depth of health and wellness, however that presents itself mentally, physically, emotionally, and spiritually through proper flow of a fully functioning nervous system.

I understand that this office operates on a referral basis and that I am encouraged to refer other people I may know so that they may experience the benefits of a life free from interference.

I hereby consent to care in this office and understand that I am responsible for due payment at time of service.

Signature _____

Date: _____

Thank You for allowing us to serve you in this capacity! Café of Life