



**Welcome Back &/or New Injury** Name \_\_\_\_\_ Date \_\_\_\_\_ Scanned

Have your contact details changed? (Please give new email, phone, address, name)

**Lifestyle Review:** Please circle, 10=Poor 1=Ideal

Posture & Standing	10 9 8 7 6 5 4 3 2 1 Poor posture &/OR uncomfortable standing Ideal posture with ease & can stand for long time	Movement/ Daily Steps	10 9 8 7 6 5 4 3 2 1 Minimal daily movement 10,000 steps (90min walk)
Sitting	10 9 8 7 6 5 4 3 2 1 Slouch &/or pain No breaks Ergonomic set up & take regular breaks or standing desk 20%+	Overall level of energy	10 9 8 7 6 5 4 3 2 1 Wake exhausted &/OR tire as day progresses Wake up with energy & excellent energy all day
Sleeping Position	10 9 8 7 6 5 4 3 2 1 Sleep on stomach Side or Back (spine straight)	Work (or equivalent) Stress & Busyness	10 9 8 7 6 5 4 3 2 1 Constantly high &/OR recent significant event of stress Low stress & stable
Sleeping Quality	10 9 8 7 6 5 4 3 2 1 Pain &/OR difficult to get to sleep/ stay asleep No pain & fall asleep easily & stay asleep	Personal Life Stress & Busyness	10 9 8 7 6 5 4 3 2 1 Constantly high &/OR recent significant event of stress Low stress & stable
Lifting	10 9 8 7 6 5 4 3 2 1 Pain with lifting OR no technique Lift with ease & bend knees, move feet, keep head over body	Overall ability to cope with life	10 9 8 7 6 5 4 3 2 1 Anxious &/OR overwhelmed Relaxed & cope well
Driving/Passenger	10 9 8 7 6 5 4 3 2 1 Pain Comfortable	Pause during day	10 9 8 7 6 5 4 3 2 1 Never pause & always focused past/future Daily mindfulness 5min+ to relax, connect nature, creativity
Physical Work	10 9 8 7 6 5 4 3 2 1 Can't do it at all Do with ease	Overall Eating Habits	10 9 8 7 6 5 4 3 2 1 Never think about &/OR low nature based foods Choose food consciously & majority nature based diet
Stretching & Flexibility	10 9 8 7 6 5 4 3 2 1 Painful, very stiff &/or never stretch Flexible spine/legs/arms & daily stretch 5min+	Water	10 9 8 7 6 5 4 3 2 1 No water 2L+ filtered water/ day
Cardiovascular/ Sports	10 9 8 7 6 5 4 3 2 1 Never do any &/OR causes pain 30min+ (3x week+) & exercise/play sport with ease	Caffeine/ Stimulant drinks	10 9 8 7 6 5 4 3 2 1 6+ day 0-1/ day
Strength Work	10 9 8 7 6 5 4 3 2 1 Never do any &/OR feel weak Strength work 5min+ (3x week) & have strong arms/legs/back/core	Bowel Movements	10 9 8 7 6 5 4 3 2 1 Less than 3 per week &/OR strain to pass &/OR inconsistent 1-3 per day & pass easily/quickly

Lifestyle Review Total \_\_\_\_\_ (please add up)

220 - \_\_\_\_\_ (total above)/200 x100 = \_\_\_\_\_ %

What is the main reason for your visit today?

Have you had any injuries, traumas or significant health issues since we saw you last?

#### General Habits

<b>Hours per day spent:</b> Sitting/driving _____ Standing _____ Physical Labour _____ Sleeping _____ Other(describe) _____
<b>Sleeping Position</b> Front / Side / Back <b>Do you use:</b> Foot Orthotics / Back Support / Orthodontic device (braces/plate) _____
<b>Exercise</b> Days per week _____ Describe Activities: _____
<b>Stretching</b> Days per week _____ <b>Are you your ideal weight</b> Y / N (if No, what would Ideal be _____)
<b>Water</b> (per day) less 1L / 1L / more 1L <b>Caffeinated Drinks</b> (per day) _____ <b>Alcohol</b> (per week) _____ <b>Smoke/Vape</b> (per day) _____
<b>What do you eat for Breakfast?</b> _____ <b>Particular Dietary/ Intolerances?</b> _____
<b>Current Medications/Supplements:</b> _____
<b>Current or Past Mental or Emotional Issues:</b> _____

#### Chiropractor Use Only

BWS		
Cx F(60)/E(70)		
Cx Rot (90)		
Cx LF (45)		
LRF Shoulder		
MRE Shoulder		
TL F(90)/E(30)		
TL Rot (100)		
TL LF (30)		
Posture TT		

