ur name					Today's Date (mm/dd/yyyy)	- <u> </u>	our Ag	e		ROPRACI ORTS INJ
					_ O I have new contact		-		M.	
eferring/Primary Physic										ł
Is this due to a: \bigcirc Ca . List your current comp					\bigcirc Personal injury \bigcirc Oth	er:				
 Indicate the area/co Mark the average ar Mark the frequency Mark the circles access Intensity (0-10): 0 -2 Frequency: (1-4): (1) Occasional (0-25% of to 10) (3) Frequent (51-75% of to 10) 	nd worst cording t > none /* time) time) (: intens o "qua 10 -> hi (2) Inte (4) Cons <i>J</i> F	l ity" (ghest o ermitte	conceivab	$\left(- \right)$	\$	J	574	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	2
									(
·		_		_	$\langle \rangle$			$\langle $	/	
•))/(
•								\Box		
 Throbbing Achiness Tingling 		⊃ Naggir ⊃ Burnin	-	 Soren Sharp 	5			amping abbing		
a. Neurological Syste b. Cardiovascular Sys c. Respiratory Systen d. Digestive System -	stem - Suc n - Such a	ch as hea s lung, a	art, bloo allergies	od pressure , breathing	, circulation, etc)	00000		0 0 0	e Use Only
b. Cardiovascular Sys	stem - Suc n - Such a - Such as s Such as ey tem - Such - Such as	th as hea s lung, a tomach, res, ears h as skin thyroid,	art, bloo allergies digesti , smell, a, hair, a infectio	od pressure a, breathing on, colon, taste, etc nails, etc on, swollen	, circulation, etc () , etc () etc () glands, etc ())	0		0	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 	stem - Suc n - Such as s Such as ey tem - Suc - Such as tem - Such sem - Such	th as hea s lung, a tomach, es, ears h as skin thyroid, n as kidn as appe	art, bloo allergies digesti , smell, n, hair, infectioney, blao etite, fa	od pressure a, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig	, circulation, etc					Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 	stem - Suc n - Such as Such as ey tem - Suc tem - Suc tem - Suc tem - Suc tem - Suc tem - Such	th as hea s lung, a tomach, res, ears h as skin thyroid, n as kidn as appe	art, bloc allergies digesti , smell, , hair, l infectioney, blac etite, fa	od pressure s, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i	, circulation, etc () , etc () etc () glands, etc () ate, etc ())))))) tion?)			000000000	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 	stem - Such n - Such as Such as s Such as ey tem - Such such as tem - Such sem - Such ving (How No	th as hea s lung, a tomach, es, ears h as skin thyroid, n as kidn as appe	art, bloc allergies digesti , smell, , hair, h infectioney, blac etite, fa s condition poderate	od pressure a, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe	, circulation, etc		 	Moderate Effect	 O O O O O O O O Severe 	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 	stem - Such n - Such as s Such as ey tem - Such - Such as tem - Such sem - Such tem - Such tem - Su	th as heat s lung, a tomach, res, ears, h as skin thyroid, n as kidn a s appe does this Mild Mo Effect	art, bloc allergies , digesti , smell, , hair, i infection ey, blac etite, fa s condition oderate Effect	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O	, circulation, etc))))) tion?)	 		 O O O O O O O O Severe 	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live 	stem - Such n - Such as Such as ey tem - Such - Such as tem - Such as tem - Such sem - Such ving (How No Effect O	th as heat s lung, a tomach, res, ears h as skin thyroid, a as kidn a as appe does this Mild Ma Effect	art, bloc illergies digesti , smell, , hair, infectioney, blan etite, fa s condition oderate Effect	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O	, circulation, etc () , etc () glands, etc () ate, etc () ate, etc () th change, etc () nterfere with your life and ability to func)))) tion?) No Effect	 Mild Effect 	Effect	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live 	stem - Such n - Such as s Such as ey tem - Such - Such as tem - Such as tem - Such tem - Such tem - Such tem - Such tem -	th as heat s lung, a tomach, res, ears, h as skin thyroid, n as kidn as appe does this Mild Mo Effect	art, bloc allergies a digesti , smell, a, hair, 1 infectioney, blac etite, fa s condition oderate Effect	od pressure s, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently is Severe Effect O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping)))) tion?) Effect ©	 Mild Effect 	Effect 〇	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair 	stem - Such n - Such as - Such as ey tem - Such - Such as tem - Such as tem - Such as tem - Such sem - Such ving (How No Effect O O	th as heat s lung, a tomach, res, ears, h as skin thyroid, a as kin a as appe does this Mild Mo Effect	art, bloo illergies digesti , smell, infectioney, blace etite, fa s conditioned etite, fa s conditione	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores)))) tion?) Effect ©	 Mild Effect 	Effect O	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing	stem - Such n - Such as - Such as s Such as ey tem - Such - Such as tem - Such em - Such em - Such ving (How No Effect O O O O	th as heat s lung, a tomach, res, ears h as skin thyroid, a as appe does this Mild Mo Effect	art, bloc illergies digesti , smell, infectioney, blan etite, fa s conditioned oderate Effect	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects)))) tion?) No Effect @ 0	Mild Effect	Effect O O	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System h. Genitourinary System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking	stem - Such as - Such as esy tem - Such - Such as ey tem - Such - Such as tem - Such as tem - Such as Mo Effect 0 0 0 0 0 0 0 0 0 0 0 0 0	th as heat s lung, a tomach, res, ears, h as skin thyroid, n as kidn as appe does this Mild Mo Effect	art, bloo allergies a digesti , smell, a, hair, infectioney, blace etite, fa s condition oderate Effect	od pressure s, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead))) tion?) Effect ©) 0	Mild Effect	Effect O O O O	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down	stem - Such n - Such as - Such as s Such as ey tem - Such - Such as tem - Such em - Such em - Such ving (How No Effect O O O O	th as heat s lung, a tomach, res, ears h as skin thyroid, a as appe does this Mild Mo Effect	art, bloc illergies digesti , smell, infectioney, blave etite, fa s conditioned effect Coderate Effect Coderate	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing)))) tion?) No Effect @ 0 0 0	Mild Effect	Effect O O O O O O	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over	stem - Such as - Such as esy tem - Such - Such as ey tem - Such - Such as tem - Such as tem - Such as Mo Effect 0 0 0 0 0 0 0 0 0 0 0 0 0	th as heat s lung, a tomach, res, ears, h as skin thyroid, n as kidn as appe does this Mild Mo Effect	art, bloo allergies a digesti , smell, a, hair, infectioney, blace etite, fa s condition oderate Effect	od pressure s, breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself))))) tion?) Effect © 0 0 0 0 0	 	Effect	Severe Effect	only Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System h. Genitourinary System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs	stem - Such n - Such as Such as ey tem - Such - Such as tem - Such as tem - Such as tem - Such ving (How No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	th as heat s lung, a tomach, res, ears, h as skin thyroid, a s kin a s appe does this Mild Mo Effect	art, bloc illergies digesti , smell, infectioney, blac etite, fa s conditioned etite, fa s conditioned	od pressure c, breathing on, colon, taste, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc (2) , etc (2) etc (2) glands, etc (2) glands, etc (2) ate, etc (2) th change, etc (2) nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life))) tion?) Effect © 0 0 0 0	Mild Effect	Effect	 O O	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S f. Integumentary System g. Endocrine System h. Genitourinary System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs Using a computer	stem - Such n - Such as s Such as sey tem - Such - Such as sey tem - Such as tem - Such ring (How No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	th as head s lung, a tomach, res, ears h as skin a s skin a s apper does this Mild Mo Effect	art, bloc illergies digesti , smell, infectioney, blan etite, fa s conditioned oderate Effect	od pressure , breathing on, colon, taste, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () forcery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep))))) tion?) No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	O O <td< td=""><td>Effect</td><td>Severe Effect</td><td>Office Use Only</td></td<>	Effect	Severe Effect	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs Using a computer Getting in/out of car	stem - Such n - Such as Such as ey tem - Such - Such as tem - Such as tem - Such as tem - Such ving (How No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	th as heat s lung, a tomach, res, ears, h as skin thyroid, a s kin a s appe does this Mild Mo Effect	art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned etite, fa s condition	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () merfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep))) tion?) Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 	Effect	 O O	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System h. Genitourinary System h. Genitourinary System h. Genitourinary System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs Using a computer Getting in/out of car Driving car	stem - Such n - Such as such as ey tem - Such - Such as ey tem - Such - Such as tem - Such as em - Such as - Such -	th as heat s lung, a tomach, res, ears, h as skin a s skin a s appe does this Mild Mo Effect	art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned coderate Effect Coderate Code	od pressure , breathing on, colon, taste, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep Concentrating))) tion?) Effect () () () () () () () () () () () () ()	 	Effect	 Severe Effect O O<!--</td--><td>Office Use Only</td>	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs Using a computer Getting in/out of car Driving car Looking over shoulder	stem - Such n - Such as s Such as sey tem - Such - Such as tem - Such em - Such em - Such ring (How No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	th as head s lung, a tomach, res, ears h as skin a as apper does this Mild Mo Effect	art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned etite, fa s condition	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () nterfere with your life and ability to func Grocery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep Concentrating Gardening/Yard work)))) tion?) Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 Mild Effect O 	Effect	 O O	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System - e. Sensory System - S f. Integumentary System g. Endocrine System h. Genitourinary System i. Constitutional System i. Constitutional System 4. Activities of Daily Live Sitting Rising out of chair Standing Walking Lying down Bending over Climbing stairs Using a computer Getting in/out of car Driving car Looking over shoulder Caring for family	stem - Such n - Such as such as ey tem - Such - Such as ey tem - Such - Such as tem - Such as em - Such model (How No Effect () () () () () () () () () ()	th as heat s lung, a tomach, res, ears, h as skin a s skin a s appe does this Mild Mo Effect	art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned coderate Effect Coderate Code	od pressure , breathing on, colon, taste, etc on, swollen dder, prost tigue, weig on currently i Severe Effect O O O O O O O O O O O O O	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () for cery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep Concentrating Gardening/Yard work Exercising Athletics/Recreation)) tion?) Ko Effect 0 0 0 0 0 0 0 0 0 0 0 0 0	 	Effect	 Severe Effect O O	Office Use Only
 b. Cardiovascular System c. Respiratory System d. Digestive System e. Sensory System f. Integumentary System h. Genitourinary System h. Genitourinary System h. Genitourinary System i. Constitutional System t. Genitourinary System t. Genitourinary System t. Genitourinary System t. Constitutional System t. Constem <li< td=""><td>stem - Such n - Such as s Such as sey tem - Such - Such as sey tem - Such - Such as tem - Such ving (How No Effect - - - - - - - - - - - - - - - - - - -</td><td>th as heads s lung, a tomach, res, ears, h as skint a s skint a s apper does this Mild Mo Effect</td><td>art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned etite, fa s condition</td><td>od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td>, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () for cery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep Concentrating Gardening/Yard work Exercising Athletics/Recreation</td><td>))) tion?) No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td><td> Mild Effect O O</td></li<><td>Effect</td><td> Severe Effect O O</td><td>Office Use Only</td>	stem - Such n - Such as s Such as sey tem - Such - Such as sey tem - Such - Such as tem - Such ving (How No Effect - - - - - - - - - - - - - - - - - - -	th as heads s lung, a tomach, res, ears, h as skint a s skint a s apper does this Mild Mo Effect	art, bloc allergies a digesti , smell, infectioney, blac etite, fa s conditioned etite, fa s condition	od pressure , breathing on, colon, taste, etc nails, etc on, swollen dder, prost tigue, weig on currently i Severe Effect 0 0 0 0 0 0 0 0 0 0 0 0 0	, circulation, etc () , etc () etc () glands, etc () ate, etc () th change, etc () for cery shopping Household chores Lifting objects Reaching overhead Showering or bathing Dressing myself Love life Getting to sleep Staying asleep Concentrating Gardening/Yard work Exercising Athletics/Recreation))) tion?) No Effect 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	 Mild Effect O O	Effect	 Severe Effect O O	Office Use Only

CHIROPRACTIC & SPORTS INJURY

Has your insurance changed in the last year?

Has your address changed in the last year?

□ Yes □ No (if yes, please see front desk staff)

 \Box Yes \Box No (if yes, note below)

Mailing address			E-mail addr	ess	
City	State/Province	ZIP/Postal Code	Cell phone		O OK to leave Voicemail?
Emergency contact nan	ne	Relationshi	ip	Telephone	
		Family/Specialist Doct	or (if applicable)	

Informed Consent - To be completed by patient

I hereby request and consent to the performance of procedures, which may include, but is not limited to, various modes of physical therapy, massage therapy, acupuncture, trigger point injections, diagnostic x-rays, diagnostic ultrasound, diagnostic lab work including urine, blood, gynecological specimens and body cultures, medical doctor and/or chiropractic manipulations on me (or the patient named below, for whom I am legally responsible) by any licensed clinicians who, now or in the future, treat me while employed by, work or are associated with, or are serving as a replacement or locum, for any Vida Integrated Health clinic, including those working at the center or office listed below or any other office or center.

I have had an opportunity to discuss with the clinicians, and/or with other office or clinic personnel, the nature and purpose of all recommended procedures.

I understand, and am informed that in the practice of medicine, and in the practice of chiropractic, acupuncture, naturopathy and physical therapy, there are some risks to treatments including, but not limited to fractures, disk injuries, strokes, dislocations, sprains and potential exacerbation of symptoms. I do not expect the Vida clinician to be able to anticipate and explain all risks and complications, I wish to rely on the Vida clinician to exercise judgment during the course of the procedures which the Vida clinician deems necessary and, based upon the facts then known, are in my best interest.

I have read, or have had read to me, the above consent. I have also had the opportunity to ask questions about its content, and by signing below, I agree to evaluation and treatment at Vida. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Patient Signature

Date: _____

Patient Printed Name

To be completed by patient's representative if patient is a minor or physically or legally incapacitated

Date _____

Representative Signature

Representative Name

WWW.PROFORMCHIRO.COM

