

Welcome to Aligned Health Chiropractic!

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Today's Date ____/____/____

Name _____ Birth Date ____/____/____

Phone (Home) _____ (Work) _____ (Cell) _____

Address _____

Number & Street

City

State

Zip

Email Address _____

Single Married/Partnered Separated Widowed Divorced

Spouse/Partner's Name: _____

Names & ages of Children: _____

HOW did you hear about Dr. Carauddo (friend, radio): _____

Your Goals and Expectations:

What are your Main Compliants?

1) _____ 2) _____

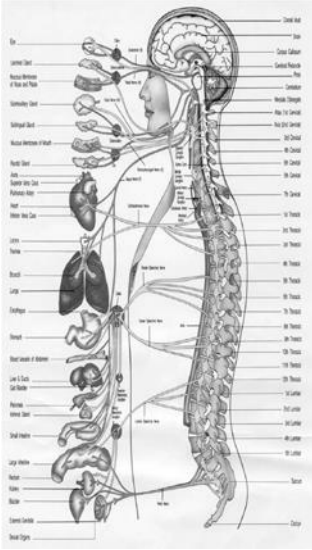
3) _____ 4) _____

List any treatments you have tried to correct or fix your health: Surgeries, Medications, Herbs, Acupuncture, and etc

~ When did you first notice the issue

! _____

~ What do you believe CAUSED the loss of function leading to your complaints? _____



Identifying YOUR Risk for SUBLUXATION (Nerve Interference):

In order for the body to function properly, the brain sends messages through the spinal cord and nerves to every organ, tissue and cell. Physical interference to this communication in the nervous system can result from mis-alignments in the spine, this is called a **subluxation**.

Interference to the normal brain to body messages can result in a lessening of the body's ability to function normally, putting your health at risk.

There are literally thousands of events and lifestyle habits that can cause interference to the nerves or a subluxation to occur in your body. Subluxation (nerve stress) is caused by HOW we live each day, from birth until today, everything you have ever done has moved you **TOWARDS health or AWAY from health and the life you desire for you and your family.**

Put a CHECK (X) by any stressors you have NOW or have had in the PAST.

Physical Stress:

- Forceps Delivery
- Epidural / Meds in Labour
- Strenuous exercise
- C-Section Delivery
- Vacuum and/ or Forceps used
- Poor Ergonomic at work/ school
- Breech Vaginal Delivery
- Sleep on stomach
- Car Accident
- Falls
- Repetitive use of mouse/keyboard/ phone
- Texting
- PC/ Games (xbox. Game Boy, etc)
- NO exercise
- Stand long hours
- Flat Feet
- Head Injuries
- Broken bones
- Serious Falls
- Drive/ Sit long hours
- Surgery / Stitches
- Cosmetic Surgery
- Other: _____

Chemical Stress:

- Labour Induced
- Injections/ Epidural Steroids
- Prescription Drugs
- OTC pills
- Work with Chemicals
- Smoker
- Alcohol use
- Fast food
- Diet Sodas
- Sodas
- Processed foods (chemical additives, coloring, artificial flavours, etc)
- Diet Pills
- Vaccines
- Antibiotics
- Medications
- Poor / Inadequate Diet/ Don't eat enough
- Splenda or other Artificial Sweeteners
- Other: _____

Emotional Stress:

- Hospitalized Divorce Death of loved one Financial Stress Career Change
- Newly Married Birth of Child Move away from home Depression
- ADD/ ADHD Bipolar High Personal Stress Severe Health Problems
- Other: _____

Pregnancy/ Birthing Experience:

Birth is traumatic for 80% of children, the twisting, pulling, C-sections, vacuums, inductions, etc. cause **spine and nerve stress** for newborns.

Your Birth: C-Section:____ Forceps/ Vacuum____, Induction used: Yes No
 Premature / Overdue Complications

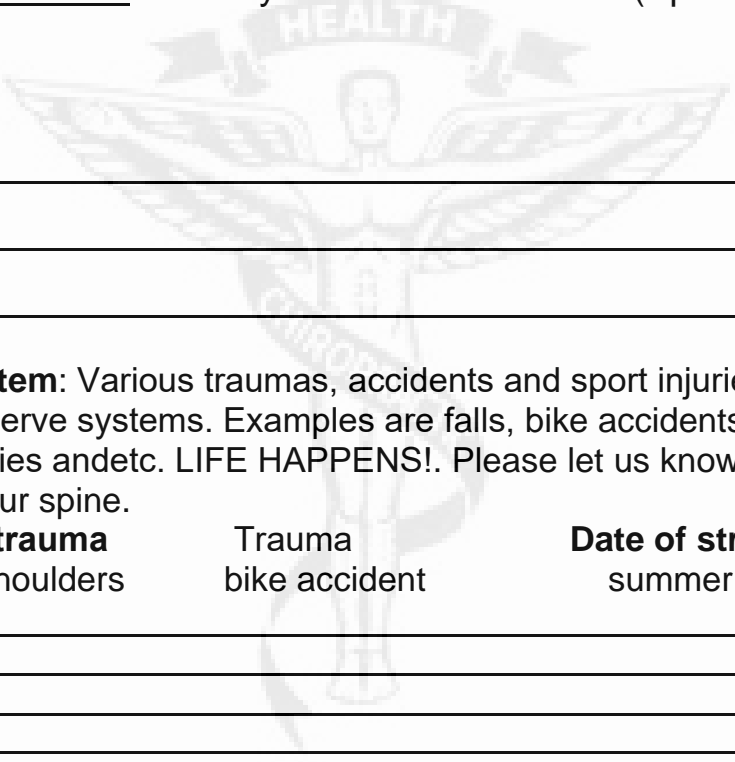
APGAR score: _____ Did you have Nerve Block (Epidural): Yes No

Your Childhood:

Sickness: _____

Broken bones: _____

Hospitalizations: _____



SPINE or Nerve System: Various traumas, accidents and sport injuries can lead to stress on spine and nerve systems. Examples are falls, bike accidents, car accidents, sports, childhood injuries and etc. LIFE HAPPENS!. Please let us know about your history of stress to your spine.

Please list areas of trauma	Trauma	Date of stress on spine:
<u>Example:</u> neck and shoulders	bike accident	summer of 2002

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

(Use back of this page if more room is needed)

Please list all: Surgeries, Pacemakers, Stents, Broken/ Dislocated Joints, etc.

- 1) _____
- 2) _____
- 3) _____

(use back of this page if more room is needed)

Current Quality of Nutrition:

Fast food: _____

Vegan: _____

Raw Diet: _____

How many meals per day do you eat, and what times of day? _____

Fluid Intake: What do you drink and **how often**?

Water: _____

Coffee/ Teas: _____

Alcohol: _____

Soda: _____

Stimulant drinks/ weight loss shakes (slim fast, Ensure, etc): _____

OTHER: _____

Sleep and Rest: Do you have a sleep disorder? Insomnia: ____, Restless leg ____,

Fibro Myalgia/ Chronic Fatigue Syndrome: ____ Depression: ____

OTHER: _____

How's your quality of sleep? _____

How many hours per night on average? _____

Do you WAKE UP TIRED? Yes No

Exercise: What types of movements and how often do you move your body (weights, yoga, jogging, etc)? _____

Are you happy with your current level of activity/ exercise? Yes No

What kind of work do you do? _____

How long have you been in this field of work? _____

Computer usage, indicate **hours per week**: Typing: ____, reading: ____, mouse: ____

Are you **right or left** handed? _____

Hours per DAY do you participate in: Bending: _____ Walking: _____

Standing: _____ Sitting: _____ Lifting: _____ TV: _____

Level of Satisfaction with Career: (1 to 10) 10= being very satisfied: _____

What Activities do you enjoy OUTSIDE of work: _____

Vacation: When was your last vacation, where did you visit and for how long?

Medications: What are you taking, for **how long**, and for *what complaint/diagnosis*:

Medications (list all over the counter and prescribed): _____

- Use Back side of page if needed: Please list ALL.

Herbs/ Homeopathic: _____

SIDE EFFECTS: what side-effects have you noticed from the medications/ herbs:

Have you ever been to a **chiropractor** before today? Yes No

Doctor's name/ city _____

Approximate date of last visit: _____ Good experience? Yes No

What did you like BEST about Chiropractic in the past: _____

Any reason you would not be able to follow the Dr. Carauddo's recommendations?

Yes No Please list your concerns: _____

Check the areas you would like to see improvements:

- | | | | |
|---|------------------------------------|---|---------------------------------|
| <input type="checkbox"/> Strength | <input type="checkbox"/> Digestion | <input type="checkbox"/> Driving | <input type="checkbox"/> Libido |
| <input type="checkbox"/> Endurance | <input type="checkbox"/> Sitting | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Focus |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Immunity | <input type="checkbox"/> Efficiency | |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Hormones | <input type="checkbox"/> Ability to Relax | |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Mood | <input type="checkbox"/> Appetite | |
| <input type="checkbox"/> Other aspects of your Life or Health you'd like to see BETTER: _____ | | | |

How committed are you to **actively participating** in moving yourself toward greater levels of Health and a lifetime of Wellness? (Circle One) 10 = **100% Committed**

Not at all 1 2 3 4 5 6 7 8 9 10

How we help our patients:

Care is provided through a specific and gentle Chiropractic Adjustment. This adjustment restores movement, shape, alignment of the spine, and results in optimal communication in the nervous system. Our Chiropractic adjustment method uses a variety of gentle techniques allowing newborns, children, adults, and women in all stages of pregnancy to enjoy the benefits of having optimum Nervous System Health.

The fact is that everyone should have their spine carefully checked to make sure they have their Maximal Health Potential, and then that should be maintained for life!

*****Please write the age of your oldest living parent or grandparent? _____**

How we age is largely determined by spinal mobility. Research found that 80 percent of brain function related back to spinal motion!

Terms of Patient Acceptance: Sign below to qualify for acceptance in our practice.

Welcome to our office! We are delighted you have taken the first necessary step towards improving your family's health and wellbeing.

Health is a state that we can create by living well and maintaining high levels of function within our bodies, for a lifetime. Treatment is a medical idea, that is based on management of symptoms, giving a diagnosis, and palliative care.

We are DIFFERENT, I am a CHIROPRACTOR. We are NOT medical doctors nor do we practice medical philosophy. We do not diagnose or treat any disease or condition, however if during the course of a chiropractic evaluation, we encounter non-chiropractic or unusual findings, we will recommend that you seek the services of a provider who specializes in those findings. Regardless of what the disease is called, we do not offer to treat it. Nor do we offer advice regarding treatment prescribed by others.

You CAN see your medical doctor, acupuncturist; massage therapist, etc while under our care. They don't do what we do, and we don't do what they do. Chiropractic is a vital part of a health care team, we are happy to speak with your other providers to best help you. Please let us know how we and facilitate communication with your other Doctors and Allied Health Professionals.

All fees are due in full today that are necessary to evaluate and offer you Chiropractic advice. I agree to allow Aligned Health to perform the evaluation and pay in full today.

Thank you for your confidence and trust in our office, we look forward to helping you.

I, _____ have read and fully understand the above statements.
(Print Name)

(Signature)

(Date)