



Advanced Spine Center

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Chiropractic Rehabilitation and Wellness Care for Families Molly Hausmann, DC

WELCOME TO WELLNESS – WE'RE GLAD YOU ARE HERE

Name: _____ Age: _____ Today's Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (home): _____ (cell) _____ Preferred Contact: Home / Cell / Either

SSN#: _____ No. of Children: _____ Birth date: ____/____/____

E-Mail: _____ I Am: Married Single Divorced Partnered Widow

Occupation/Employer/School: _____

Emergency Contact/Relationship: _____ Phone: _____

How did you hear about us? Location Doctor Internet Ins Co Referral Friend or Family Member

Who can we thank for referring you? _____

We promise to treat you with respect, compassion, and understanding.

ADDRESSING THE ISSUES THAT BROUGHT YOU TO THE OFFICE

Reason for today's visit? _____

If you have no symptoms or complaints, and are here for wellness services, please check (√) here and skip to "Your Health History" Or, describe your **chief area of complaint**, including the effect it has on your life:

On a scale of 0 – 10, please rate your pain (with 10 being unbearable and 0 being no pain):

Please X the line: 0 ● _____ ● 10

If you are experiencing pain, is it: Sharp Dull Comes and goes Travels Constant

Since the condition or concern started, it is: About the same Getting better Getting worse

What makes it worse: _____

Does it interfere with: Work Sleep Walking Sitting Hobbies Leisure

Other Doctors seen for this condition (please list):

Chiropractor _____

Medical Doctor _____

Other / Alternative Care _____

List any medications/supplements you are currently taking: _____

Describe your current stress level (0 = none / 10 = extreme): Work: _____ Home: _____

Rate each Area on a scale of Poor – Good – Excellent

Diet: Poor Good Excellent Sleep: Poor Good Excellent

Exercise: Poor Good Excellent General Health: Poor Good Excellent