

TRIVEDA MOBILE CHIROPRACTIC, INC

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PERSONAL HISTORY FORM

Date: _____

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

E-Mail: _____

DOB: _____ Gender: M/F

Occupation: _____

INTRODUCTION:

Education is the key to healthy, vibrant living and is at the heart of our mission to assist you with your healthcare needs. You are meant to live your life to its fullest potential. Throughout life though, we go through events that affect the way we express this potential.

The following health history assessment will allow us to explore more deeply those events which may have occurred and are resulting in a lowered expression of potential that you are feeling at this time. Most people will experience this lowered potential as pain, discomfort, dysfunction or something similar. With the information we gather we will be able to help you move from dis-ease to ease and into vibrancy and health!

YOU ARE AS HEALTHY AS YOUR SPINE!

THE BEGINNING YEARS:

We will begin with your birth, or what you remember of it, and your childhood. This is an important time period as this is usually the point at which the **innate wellness** of your body is initially compromised.

1. What was your birth like?

Long ___ Difficult ___ C-section ___ Forceps ___ Breech ___ Twins ___ @ Hospital ___ @ Home ___

Explain: _____

2. What was your childhood like?

Surgeries ___ Accidents ___ Trauma ___ Antibiotics ___

Explain: _____

3. What were your teenage years like?

Surgeries ___ Accidents ___ Trauma ___ Antibiotics ___

Explain: _____

4. Ritalin or similar drugs taken? Y ___ N ___

5. Headaches: Tension ___ Migraine ___ Cluster ___ Pressure ___

6. TMJ: Rt ___ Lt ___

YOUR FAMILY HISTORY:

This section will allow us to see and explore connections with your family through genetics and energetic. Since our physical development starts from the point of conception and the spin and nerve system are the first organs to develop, understanding our origins and the conditions within which we grew will allow us to more finely focus our chiropractic work.

M = mother, F = father

Heart &/or lungs ___ Arthritis ___ Cancer ___ Diabetes ___ Stomach &/or intestines ___

Skin &/or hair ___ Mental ___ Nerve diseases ___ Other ___

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THE PRESENT SITUATION:

Remembering that your present situation is the result of earlier traumas, building upon each other and not having been resolved properly and completely, please list the pain, discomfort and/or dysfunction that you are presently experiencing. We will use this as the starting point of our healing journey.

Present Complaint(s): _____

How long ago did the present symptoms start? _____

Body parts affected: arms ___ legs ___ hands ___ feet ___ elbows ___ knees ___ head ___ neck ___ shoulder ___
upper back ___ midback ___ lower back ___ sacrum ___ tailbone ___

How does it feel? Sharp ___ dull ___ radiating ___ constant ___ off & on ___ pins & needles ___ numbness ___

When is it worse? morning ___ midday ___ evening ___ night ___

What makes it feel worse? activity ___ inactivity ___ neither ___ both ___

Interferes with: work ___ sleep ___ daily activities ___

Self treatment: ice ___ heat ___ stretching ___ bed rest ___ pain meds ___ hot or cold baths ___

Others seen for this condition: chiropractor ___ osteopath ___ medical doctor ___ naturopath ___ PT ___
acupuncture ___ massage ___ other ___

Anything or anyone I forgot? _____

LEVELS OF CARE:

There will be **three levels of care** that we will traverse on our healing journey:

Level 1: initial point of care to help deal with surface levels of pain and discomfort; intensive with high frequency of visits.

Level 2: mid point of care to address issues of stability and increase levels of ease and comfort; less intense visit schedule.

Level 3: wellness/maintenance care; body is balanced and functioning at high level; sustaining health & wellbeing with a high level of life satisfaction; extended visit schedule.

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THE HEALING CYCLE:

The approach that I take to the healing of the body is based on time, frequency, and response to the adjustment. Different people respond differently to the adjustment and as such the specifics are going to be different for each individual. Based upon one's age, mental state, physical condition, and fitness the individual will respond slowly or quickly to the freeing up of the body's vital energies.

The approach that I have developed, based on my experiences and the response of people to my adjusting method, consists of what I term **healing cycles**. These are cycles of twelve (**12**) visits each that are different in frequency. Initially I will see a person **1-2 times per week** for a total of twelve (**12**) visits. We will then decrease the frequency to **1 time every week** then **1 time every two weeks**. The goal is to get to a **once per month** adjustment schedule. This **once per month** schedule is the **wellness/maintenance phase** of the healing cycle. The chiropractic care then becomes a part of one's healthcare regimen.

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TERMS OF ACCEPTANCE

When a person seeks chiropractic health care and we accept such a person for care, it is essential that both parties be working toward the same objective.

Chiropractic has one goal: the detection of **vertebral subluxations** and the reduction and removal of the same through the application of **specific chiropractic adjustments**. This allows a fuller expression of **health and function**.

Following are definitions that will further explain what we seek, our methods, and the ultimate goal of chiropractic health care. By understanding these it will prevent any confusion and/or disappointment on the part of both parties.

Chiropractic adjustment: and adjustment is the specific application of forces by the hand or an instrument to facilitate the body's self correction of vertebral subluxations. Our chiropractic method is by specific adjustments of the spine, skull, and/or appendages.

Vertebral subluxation: a slight misalignment of one or more of the vertebrae of the spine which causes an alteration of nerve function and interference to the transmission of mental and nerve impulses, resulting in a lessening of the body's innate ability to express its maximum potential.

Health: a state of optimal physical, mental, and social well-being and not merely the absence of disease and/or infirmity.

We do not offer to treat or diagnose any disease or condition other than subluxation. However, if during the course of a chiropractic exam, we encounter non-chiropractic or unusual findings we will advise you of such. If you desire advice, diagnosis, or treatment for those findings, we will recommend that you seek the services of a provider who specializes in that area.

Regardless of what the disease is called, we do not offer to treat it. Our only practice objective is to eliminate a major interference to the expression of the body's innate wisdom, the vertebral subluxation. Our method is the specific adjustment to correct vertebral subluxation.

I have read and fully understand the above statements. All questions regarding the objectives pertaining to my care have been answered to my complete satisfaction. I therefore accept care on this basis.

Signature: _____

Date: _____

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CONSENT TO EVALUATE AND ADJUST A MINOR CHILD

I, _____, being the parent of legal guardian of _____, have read and fully understand the above **Terms of Acceptance** and hereby grant permission for my child to receive chiropractic care.

Signature: _____

Date: _____

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