



Quantum Vitality

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Personal Information Form

PERSONAL INFORMATION

First Name

Last Name

Email

Email Confirmation

Phone

Address

Birthdate

Occupation

Marital Status - Name of Spouse/Partner

Emergency Contact (include relation to you and phone number)


HEALTH INFORMATION

Purpose of this appointment

Other doctors seen for this condition

When and/or how did this condition begin?

Is it related to (select one):

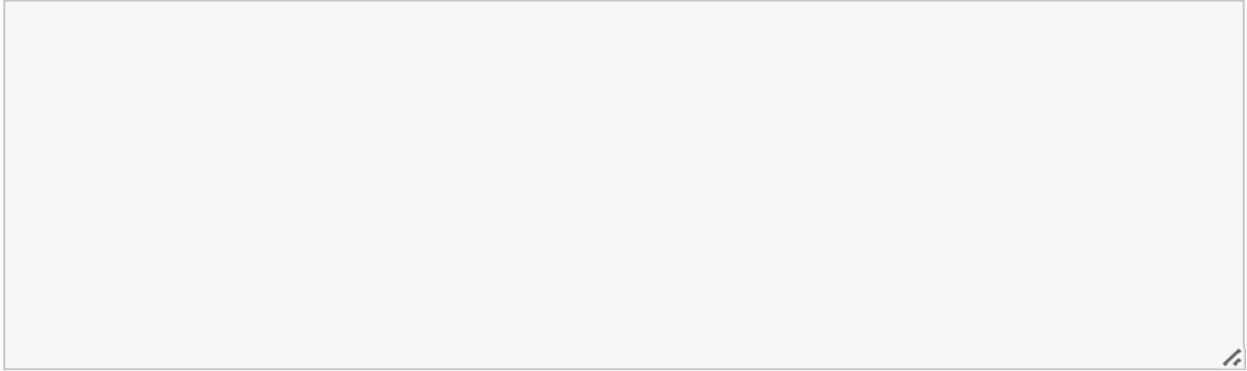
List drugs you now take

List surgical operations

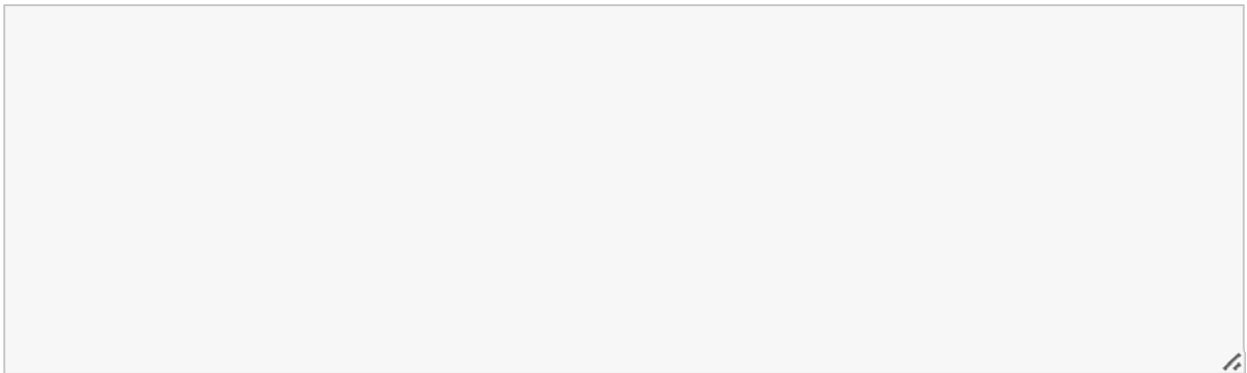
ILLNESSES/INJURIES HISTORY (please fill out completely) - Auto/Work/Sports-related/Jolts/Trauma/etc. - List all events which could have impact upon the spine are important

to determine spinal health history.

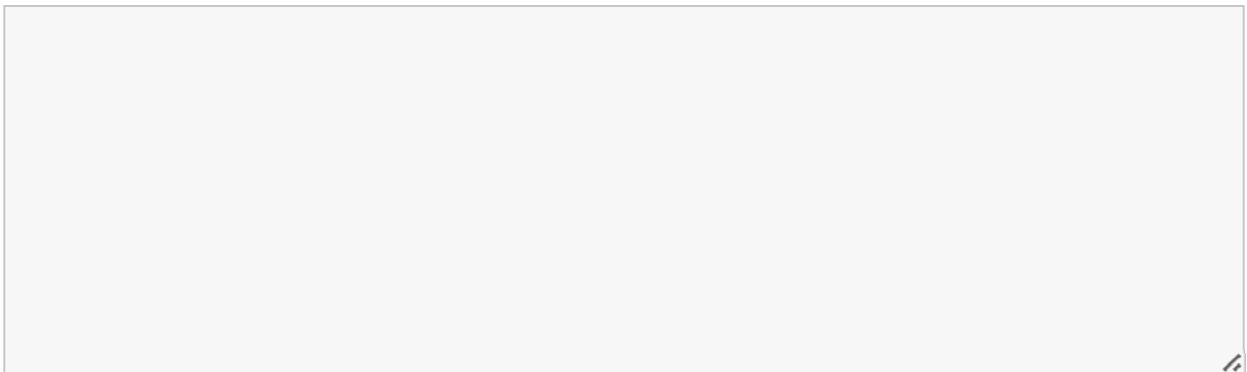
Illnesses/Injuries within the past year



Illnesses/Injuries over a year ago



Hospitalizations (other than above)



Childhood Illnesses/Injuries



Previous Chiropractic Care - When / Where

Your current level of exercise (select one)

None ▼

Exercise Activities (please list)

Work Activity

- Sitting
- Standing
- Light Labor
- Heavy Labor
- Computer

Habits

- Smoking
- Alcohol
- Coffee / Caffeine
- Drug Use
- High Stress Level

Please check any that give you difficulty or that you have had recently

- Headaches

- Shooting head pain
- Sinus trouble
- Loss of smell
- Allergies
- Hay fever
- Loss of taste
- Throat inflamed
- Thyroid trouble
- Asthma
- Facial twitch
- Fatigue
- Depression
- Dizziness
- Spinal curvature
- Chest pain
- Earache
- HIV/AIDS
- Fainting
- Loss of balance
- Ringing in ears
- Blurred vision
- Light bothers eyes
- Neck pain
- Muscle spasms
- Grinding in neck
- Shoulder tightness
- Shoulder/arm pain
- Pins/needles in arm
- Pins/needles in hands
- Cold hands
- Tonsillitis
- Prostate trouble
- Bed wetting



- Cancer
- Hepatitis
- Shortness of breath
- Mid-back pain
- Heart attacks
- Low blood pressure
- High blood pressure
- Anemia
- Stomach trouble
- Nervousness
- Inner tension
- Irritability
- Gall bladder trouble
- Indigestion
- Intestinal gas
- Hernia
- Stroke
- Arthritis
- ADD/ADHD
- Cold sores/herpes
- Numbness in legs
- Constipation
- Kidney trouble
- Menstrual cramps
- Menstrual irregularity
- Diabetes
- Sleeping problems
- Painful joints
- Swollen joints
- Pins/needles in legs
- Swollen ankles
- Cold feet
- Pain in legs/feet



Facial pain

Jaw pain

Ulcers

STD

Anything else you would like us to know?

Who referred you?

SUBMIT

Thank you for completing this form.

Dr. Victoria Moore, DC, MA

(Edit)

