

Beyond Wellness

Dr. Lorraine Johnson

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Please note: In order for Dr. Johnson to thoroughly review your case prior to your initial consultation we must receive your completed paperwork 1 week prior to your consultation. If you were scheduled less than a week prior to your consult please return completed paperwork ASAP.

NEW PATIENT CASE HISTORY

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

E-Mail _____ Fax Number _____

Best way to contact you? _____

Age _____ Birth Date _____ Sex: M F Status: M S W D

No. of Children & Ages _____

Occupation _____ Employer _____ Years Employed _____

Spouse's Name _____ Occupation _____ Employer _____

Person Responsible for this account _____ Referred By _____

What is your major complaint? _____

Other Complaint? _____

_____ How long have you had these conditions? _____

What seems to aggravate your conditions? _____

Have you ever been to a Chiropractor before? Yes ___ No ___ If yes, Dr's Name _____

Date of last chiropractic visit _____ Reason for care _____

Date of last chiropractic x-rays _____ How long were you under care? _____

Are other family members under chiropractic care? Yes ___ No ___ Who? _____

In addition to the main reason you are consulting for today, what are your overall health goals once these complaints are resolved? _____

Have you ever been to another doctor who has put you on a Health Development Program?

Yes ___ No ___ If yes, Who? _____ MD, DC, DO other _____

What were the results? _____

Were the results permanent? Yes ___ No ___ Not Sure ___

Are you healthy today or healthier than you were 5 years ago? Yes ___ No ___ Not Sure ___

Do you feel you will stay as healthy as you are today 5 years from now? Yes ___ No ___ Not Sure ___

If yes, what strategies will you implement to get there? _____

How long has it been since you really felt good? _____

Wellness Commitment

At our clinic, we are dedicated toward achieving the goal of total lasting health for our members. To better help you achieve this, we need to understand your commitment toward being healthy.

We do *not* ask for a *financial commitment*, but we do ask for your *cooperative commitment*.

Based on a scale of 10% to 100%, please **circle** your personal level of commitment toward obtaining and maintaining health and wellness.

10%---20%---30%---40%---50%---60%---70%---80%---90%---100%

I clearly understand and agree that all services rendered to me are charged directly to me and that I am responsible for payment. I also understand that if I suspend or terminate, any fees for professional services rendered to me will be immediately due and payable. I authorize Beyond Wellness to release my personal medical information to me.

Patient's Signature: _____ Date: _____