

- Stiffness
- Burning
- Dull
- Throbbing
- Aching
- Stabbing
- Cramping
- Swelling
- Nagging
- Other _____

Have you received care for this problem before? Yes No

If yes, which type of care? Please list: _____

PATIENT WELLNESS ASSESSMENT



On the arrow diagram above:

A. What number do you think represents your health today? _____

B. In what direction is your health currently headed? _____

What are your health goals?

IMMEDIATE _____

SHORT TERM _____

LONG TERM _____

ACCIDENTS & TRAUMAS

List all surgical operations and years _____ Have you ever been in an auto accident? List all: _____

List any other injuries to your spine, minor or major _____ Have you ever been knocked unconscious? Please circle. Yes No

HEALTH & ILLNESS HISTORY

Please check the box beside an condition that you have or have had.

- | | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Alcoholism <input type="checkbox"/> Anxiety <input type="checkbox"/> Arteriosclerosis <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma/Allergies <input type="checkbox"/> Back Pain <input type="checkbox"/> Cardiovascular Issues <input type="checkbox"/> Cancer | <ul style="list-style-type: none"> <input type="checkbox"/> Circulation Issues <input type="checkbox"/> Childhood Illness <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes <input type="checkbox"/> Digestive Issues (Constipation/Diarrhea/GERD/IBS) <input type="checkbox"/> Elbow/Wrist/Hand Issues <input type="checkbox"/> Endocrine Issues (Thyroid) <input type="checkbox"/> Foot/Ankle Issues <input type="checkbox"/> Gout | <ul style="list-style-type: none"> <input type="checkbox"/> Headaches / Migraines <input type="checkbox"/> Heart Disease Hepatitis <input type="checkbox"/> Hip Issues <input type="checkbox"/> Immune Issues <input type="checkbox"/> Lymphatic Issues <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Neck Pain <input type="checkbox"/> Reproductive Issues <input type="checkbox"/> <input type="checkbox"/> | <ul style="list-style-type: none"> <input type="checkbox"/> Ringing in Ears <input type="checkbox"/> Scoliosis <input type="checkbox"/> Shoulder Issues <input type="checkbox"/> Stroke <input type="checkbox"/> TMJ Issues <input type="checkbox"/> Urinary Issues <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Other _____ |
|---|---|---|--|

ALLERGIES, MEDICATIONS & SUPPLEMENTS

ALLERGIES (list)

MEDICATIONS (list)

SUPPLEMENTS (list)

Neurologically Based Chiropractic Care

Chiropractic care is a drug free approach to improving the body's self-healing and regulating mechanisms. Neurologically-based chiropractic care is a drug-free, physiologically compatible healthcare that allows the nervous system to function more optimally, allowing the body to heal from the inside out. If you have been searching for answers, you've come to the right place! The care we provide at Vita Chiropractic is incredibly gentle and thorough, so we can truly get you feeling and functioning better as quickly as possible.

Would you be interested in a Chiropractic consultation to supplement your StemWave treatment?

Yes No

NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT

I understand that I have certain rights of privacy regarding my protected health information, under the Health Insurance Portability & Accountability Act of 1996 (HIPAA). I understand that this information can and will be used to:

1. Conduct, plan, and direct my treatment and follow-up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
2. Obtain payment from third-party payers.
3. Conduct normal healthcare operations, such as quality assessments and physician's certifications.

I acknowledge that I may request your NOTICE OF PRIVACY PRACTICES containing a more complete description of the uses and disclosures of my health information. I also understand that I may request, in writing, that you restrict how my private information is used to disclose to carry out treatment, payment, or healthcare operation. I also understand you are not required to agree to my requested restrictions, but if you agree, then you are bound to abide by such restrictions.

PRINT NAME HERE

SIGNATURE

DATE

TERMS OF ACCEPTANCE

Welcome to StemWave. These Terms of Acceptance govern your use of our services, including our website, applications, and other offerings. By accessing or using our Services, you agree to be bound by these Terms. If you do not agree to these Terms, you may not use the Services.

By using the Services, you represent and warrant that you are at least 18 years of age and have the legal capacity to enter into these Terms. If you are using the Services on behalf of an organization, you represent and warrant that you have the authority to bind that organization to these Terms.

To use certain features of the Services, you may need to create an account. You agree to provide accurate, current, and complete information during the registration process and to update such information to keep it accurate, current, and complete. You are responsible for safeguarding your account information and for all activities that occur under your account. You agree to notify StemWave immediately of any unauthorized use of your account.

You agree to use the Services only for lawful purposes and in accordance with these Terms. You agree not to:

- Violate any applicable federal, state, local, or international law or regulation.
- Exploit, harm, or attempt to exploit or harm minors in any way by exposing them to inappropriate content or otherwise.
- Transmit any advertising or promotional material without our prior written consent.
- Engage in any activity that interferes with or disrupts the Services or the servers and networks that host the Services.

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Your privacy is important to us. Please review our Privacy Policy, which also governs your use of the Services, to understand our practices.

We may terminate or suspend your account and access to the Services immediately, without prior notice or liability, for any reason, including if you breach these Terms. Upon termination, your right to use the Services will immediately cease.

The Services are provided on an "AS IS" and "AS AVAILABLE" basis. StemWave makes no warranties, whether express or implied, regarding the Services, including but not limited to implied warranties of merchantability, fitness for a particular purpose, and non-infringement. In no event will StemWave be liable for any direct, indirect, incidental, special, consequential, or punitive damages arising out of your use of the Services.

These Terms shall be governed and construed in accordance with the laws of the jurisdiction in which StemWave is headquartered, without regard to its conflict of law provisions.

We reserve the right to modify these Terms at any time. We will provide notice of any changes by posting the new Terms on our website. You are advised to review these Terms periodically for any changes. Your continued use of the Services after the posting of changes constitutes your acceptance of the changes.

By my signature below, I have read and fully understand the above statements.

PRINT NAME HERE

SIGNATURE

DATE

