

Name \_\_\_\_\_ I like to be called \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_  
 Home Phone \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Referred by/How did you hear about us \_\_\_\_\_

**REASON FOR CARE** (Write brief description)

\_\_\_\_\_

**STRESSORS** - Stresses from daily living you are, or have been, exposed to.

Check P (Past) and/or C (Current) where applicable.	P	C	LIST TOP PERSONAL STRESSORS IN LIFE RIGHT NOW
<b>Large Physical</b> (Accidents, falls, sports, trauma, surgery, electric shock, fighting, difficult birth)			
<b>Constant Physical</b> (Repetitive Motion, poor posture, limp)			
<b>Large Chemical:</b> (Toxic Exposure)			
<b>Constant Chemical:</b> (Medication, Junk Food, allergens, new home, pollution, pesticides)			
			LIST TOP HEALTH ISSUES / GOALS
<b>Large Mental/Emotional</b> (Recent move/change in life, death of relation, sense of danger, separation from loved one, serious illness)			
<b>Constant Mental/Emotional</b> (in a hurry, lack of sleep, negative attitude, skipped meals, sustained concentration, relationship issues (parent/teacher/friends))			

**HABITS THAT EITHER CREATE EASE OR MORE STRESS IN YOUR BODY**

<b>Ease</b>	<b>Mark "x" on line where you are</b>	<b>Stress</b>
Drink >5 glasses of water/ day	_____	Drink sodas / juice
Eat whole foods (fruits, veg, grain, meats),olive oil / butter, balanced diet	_____	Eat refined/processed foods (crackers, sweets, canned),fried foods/ hydrolyzed fat, same foods a lot
Exercise / Play outside	_____	Sedentary / Play video games - TV
Stretch	_____	Stay in same position for long time
Wear supportive shoes	_____	Wear cheap shoes with little support
Sleep thru night / sleep on good bed	_____	Hard to get to sleep, get up frequently
Do what you enjoy	_____	Do what you have to
Quality time w/ family/friend	_____	Always involved with activities
Positive mental attitude / generally happy	_____	Negative thoughts / generally unhappy

