



WELCOME TO KI CHIROPRACTIC

Your Name _____ Today's Date _____

Address _____ (Zip) _____

Phone _____ (H) _____ (C) _____ (W)

E-mail Address _____

Date of Birth _____ Ages of Children (include grown) _____

Age ____ Sex: F M Occupation/Type of Work _____

Whom may I thank for referring you to this practice? _____

Your Basic Health Habits

What do you typically eat for:

Breakfast
Snack
Lunch
Dinner
Snack

Check if you consume:

Organic produce Dairy
 Pasture-raised meats Sugars
 Free-range chicken/eggs Alcohol
 Wild-caught seafood? Smoke

If you take nutritional supplements, please list:

Do you drink purified water? If so, what type?

Do you purify your indoor air? If so, how?

Do you use toxin-free personal care products?

Do you use toxin-free cleaning supplies?

What type and frequency of exercise do you do?

When stressed, what do you do to “center yourself” or “re-group”?

What forms of alternative healing have you tried?