



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:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Organic produce | <input type="checkbox"/> Dairy |
| <input type="checkbox"/> Pasture-raised meats | <input type="checkbox"/> Sugars |
| <input type="checkbox"/> Free-range chicken/eggs | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Wild-caught seafood? | <input type="checkbox"/> 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?