



WELCOME...

Today's Date ____/____/____

Please fill out this form as completely as possible. Please print.

PERSONAL INFORMATION

Name _____ What you prefer to be called _____

Age ____ Date of Birth ____/____/____ Sex ____ E-Mail _____

Home Address _____ City _____ State _____ Zip _____

Contact Numbers: Cell (____) _____ Home (____) _____ Work (____) _____

Preferred method of being reminded of appointments: Phone Call Text Message (no charge to you) E-mail

If text message reminders, we also need your cell phone carrier in order to send text: _____

Occupation _____ Employer _____ City _____ State _____ Zip _____

Marital Status: Single Married Separated Divorced Widowed Living With

Spouse/Partner _____

Emergency Contact _____ Relationship _____ Phone (____) _____

Whom may we thank for referring you to our office? _____

REASONS FOR SEEKING NUTRITION RESPONSE TESTING

At Healthy Living Family Chiropractic, we focus on your ability to be healthy. Our goals are to first address the issues that brought you to this office and second, to offer you the opportunity of improved health, wellness and quality of life in the future.

Please briefly describe the main concern that you would like Healthy Living Family Chiropractic to address for you.

Are these concerns affecting your quality of life? (Please check those applicable to you)

- Work
- School
- Exercise/Sports
- Driving
- Walking
- Eating
- Sleep
- Sitting
- Love Life
- Hobby – please list _____

When did the issue start? _____ What brought it on? _____

Have you had this problem before? No Yes – please explain _____

HEALTH CARE PRACTITIONER HISTORY

Other doctors seen for **this condition**: Chiropractor Medical Doctor Other – please list _____
Name _____ City _____ Date _____

FAMILY HISTORY

Mother: In good health Heart Diabetes High Blood Pressure Respiratory Problems
 Kidney Stroke Cancer _____ Other _____

Father: In good health Heart Diabetes High Blood Pressure Respiratory Problems
 Kidney Stroke Cancer _____ Other _____

Siblings: In good health Heart Diabetes High Blood Pressure Respiratory Problems
 Kidney Stroke Cancer _____ Other _____

YOUR HEALTH PROFILE

Please list any other **serious medical condition(s)** you currently have or ever had:

CHEMICAL STRESS

Chemical stress can occur when a substance that is toxic to the body is breathed in, injected, taken by mouth or placed on the skin (i.e. food allergies, drug reactions, exposure to chemicals in the air, etc.).

Please answer the following which will reveal exposures you may have had.

Have you been **exposed to any of the following** on a regular basis (past or present)?

Toxic chemicals Second hand smoke Drug therapy Radiation Chemotherapy Other _____

Do you have **known allergies** to any foods? No Yes If yes, please list _____

Do you **consume** any of the following? Caffeine Alcohol Tobacco Over the counter drugs Prescribed drugs

Please list all **medications** you are taking and why: (prescription and non-prescription)

Please list all **supplements or vitamins** you are taking and why:

Note: it is imperative that you list all medications as they may have an influence on your care.

EMOTIONAL STRESS

It is difficult to separate the emotional stress in our life from the physical response that often occurs.
Please indicate if you have experienced any of the emotional stresses below. (check all that apply)

- Loss of loved one Work or School Divorce/Separation Financial Lifestyle change Self-esteem

QUALITY OF LIFE

How do you grade your **physical health**? Good Fair Poor

How do you grade your **emotional/mental health**? Good Fair Poor

How do you rate your overall **"quality of life"**? Good Fair Poor

Do you **exercise** regularly? Yes No If yes, how often? _____

Do you follow a **special dietary regime**? Yes No If yes, what? _____

COMMUNICATION INFORMATION

So we may meet your expectations, please answer this last question.
Out of the four following options, how would your **best friend** or **significant other** best describe you?

- Straight to the point Social & Outgoing Steady & Dependable Cautious & Perfectly Accurate

PLEASE READ AND SIGN BELOW

The information I have provided on these forms is correct and accurate to the best of my knowledge.

Signature _____ Date ____/____/____

Thank you for choosing our practice! We look forward to helping you.

DIETARY INTAKE

Please document *everything* you eat and drink on the 2 days before your appointment.

DAY 1

Breakfast:

Snacks:

Lunch:

Snacks:

Dinner:

Snacks:

Drinks:

DAY 2

Breakfast:

Snacks:

Lunch:

Snacks:

Dinner:

Snacks:

Drinks:



Nutrition Readiness Survey

Name _____

Date _____

- 1.) Which is the best breakfast option?
 - a. Low fat yogurt with fresh berries
 - b. All-natural, gluten-free, high fiber cereal with skim milk and glass of orange juice
 - c. Cheese and spinach omelet cooked in butter
 - d. All of the above

- 2.) It is important to eat breakfast within _____ hour(s) after waking up:
 - a. ½
 - b. 1
 - c. 2
 - d. 3

- 3.) When reading labels, if sugar is not listed toward the beginning of the ingredient list, the product has a lesser amount of sugar than other ingredients.
 - a. True
 - b. False

- 4.) Which vegetable converts to sugar slower in the body, and thus, helps decrease sugar cravings.
 - a. Green Peas
 - b. Potatoes
 - c. Tomatoes
 - d. Carrots

- 5.) Which fat is not a healthy choice to use in cooking?
 - a. Olive oil
 - b. Canola oil
 - c. Coconut Oil
 - d. Butter

- 6.) Which is the best source for clean water?
 - a. Tap water
 - b. Bottled water
 - c. Well water
 - d. None of the above

- 7.) How often should meals and/or snacks be eaten?
 - a. 5 times a day
 - b. 4 times a day
 - c. 3 times a day
 - d. None of the above

- 8.) What is most important to have after physical exercise/work?
- a. Sugar
 - b. Protein
 - c. Whole grains
 - d. Fruit
- 9.) Sugar is harmful to the body because_____.
- a. It can damage your heart
 - b. Promotes belly fat
 - c. Sugar is linked to cancer
 - d. All of the above
- 10.) Which snack option is a good choice to cut the sugar in your diet?
- a. Sourdough pretzels
 - b. Dried real fruit snacks
 - c. Popcorn
 - d. None of the above
- 11.) Truvia is a healthy substitute for sugar because it's a natural sweetener made from the stevia plant.
- a. True
 - b. False
- 12.) Which meal is balanced for your blood sugar?
- a. Chicken breast/ asparagus with lemon juice/whole grain roll
 - b. Grilled steak/baked sweet potato with butter/sautéed broccoli
 - c. Whole grain Tortilla wrap with cheese, avocado, sprouts, tomatoes
 - d. Grilled Fish/ steamed brown rice/red grapes

Office use only:

_____ **Total Points**

10-12 points: Nice job! You may be eligible for the more advanced Nutrition Sessions

7-9 points: Getting there. Our Nutrition Sessions will help you get better results in a shorter period of time and help you avoid drugs or surgery in the future

4-6 points: You may already be requiring medications and find yourself surviving rather than thriving. Our Nutrition Sessions will help you avoid further health complications

0-3 points: It is critical to seek nutritional advice. Without further education and nutrition, you will most likely have a shortened life span and reduced quality of life and be dependent on drugs and surgery