



**Innergy, LLC**  
 Colleen Hathaway, DC  
 3330 University Ave Suite 205  
 Madison, WI 53705  
 608-215-7778  
[www.innergylc.com](http://www.innergylc.com)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Sex: M \_\_\_ F \_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Do you have children? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_ Names and ages if under 18:

\_\_\_\_\_

Whom may we thank for referring you or how did you hear about us?

\_\_\_\_\_

Reasons for seeking service: \_\_\_\_\_

When did you last see a Chiropractor? \_\_\_\_\_ Dr. \_\_\_\_\_

**Physical stress**

Have you had any accidents, falls, or traumas? Please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any surgeries? Please describe: \_\_\_\_\_

\_\_\_\_\_

Have you had any illnesses or diseases? Please describe: \_\_\_\_\_

\_\_\_\_\_

Birth trauma often causes the first subluxation. Was your own birth a difficult one?

Please describe: \_\_\_\_\_

Is your body subjected to stressful repetitive activities at home or at work (keyboarding, painting, crossing legs, sitting, driving, carrying children, etc.)? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

What sports or exercise do you enjoy? \_\_\_\_\_

\_\_\_\_\_

Do you regularly practice yoga, stretching or another form of movement to increase your flexibility? \_\_\_\_\_

\_\_\_\_\_

What is your level of physical activity? Low \_\_\_\_\_ Moderate \_\_\_\_\_ High \_\_\_\_\_

### **Chemical Stress**

Circle your intake (Z=Zero, L=Low, M=Med, H=High) of:

Meat/Protein	Fruits	Vegetables	Breads/Grains	Dairy Products	Oils/Fats
Z L M H	Z L M H	Z L M H	Z L M H	Z L M H	Z L M H

How often do you use the following:

Sugar	Pop	Coffee	Tea	Alcohol	Tobacco
Z L M H	Z L M H	Z L M H	Z L M H	Z L M H	Z L M H

Do you take any medications or drugs? Which ones, and for how long? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

### **Emotional Stress**

Please rate the level of stress in your life in these areas? (L=Low, M=Medium, H=High)

Home \_\_\_\_\_ School \_\_\_\_\_ Work \_\_\_\_\_ Relationships \_\_\_\_\_ Children \_\_\_\_\_

Family \_\_\_\_\_ Friends \_\_\_\_\_ Loss of loved one \_\_\_\_\_ Divorce \_\_\_\_\_

Separation \_\_\_\_\_ Finances \_\_\_\_\_ Health \_\_\_\_\_

Do you have a spiritual or religious practice? Please describe: \_\_\_\_\_

\_\_\_\_\_

Write the one word you would use to describe yourself: \_\_\_\_\_

What is your level of commitment to yourself?

Low \_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_

Is there anything else I should know about you? \_\_\_\_\_

\_\_\_\_\_