



Innergy, LLC
 Colleen Hathaway, DC
 715 Hill St. Suite 260
 Madison, WI 53705
 608-215-7778
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? _____
