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## CASE HISTORY

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 H. PHONE(\_\_\_\_) \_\_\_\_\_ W. PHONE(\_\_\_\_) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ (AGE \_\_\_\_\_)  
 REFERRED BY \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_  
 MARITAL STATUS:    S   M   D   W    SPOUSES NAME \_\_\_\_\_  
 SPOUSES OCCUPATION \_\_\_\_\_ NUMBER OF CHILDREN & AGES \_\_\_\_\_  
 HAVE YOU EVER RECEIVED CHIROPRACTIC CARE?    \_\_\_ YES    \_\_\_ NO

## ABOUT YOUR HEALTH

The human body is designed to be healthy. Throughout life, events occur which damage your health. This case history will uncover the layers of damage, especially to your nerve system, that resulted in poor health. Following your exam, your chiropractor will outline a course of care to begin to correct these layers of damage and recover your innate health potential.

## LOSS OF WELLNESS

This case history starts from the beginning of your life up through present day. These injuries and misalignments may or may not have been painful. The longer they have been present the more time they have to grow in wrong.

YES	NO	LOSS OF WHOLE BODY HEALTH		
_____	_____	Did/ do you drink any alcohol?	_____	_____
_____	_____	Diet (Do you eat healthy foods?)	_____	_____
_____	_____	Have you been in any auto accidents?	_____	_____
_____	_____	Have you had surgery & organs removed/ replaced?	_____	_____
_____	_____	Did/ do you have occupational stress?	_____	_____
_____	_____	Did/ do you have physical stress?	_____	_____
_____	_____	Did/ do you have mental stress?	_____	_____
_____	_____	Do you currently smoke? If yes, how much?	_____	_____
_____	_____	Did/ do you have sports injuries?	_____	_____

## PRIMARY REASON FOR CONSULTING OFFICE

Finally, the years of continuing damage showed up as acute or chronic symptoms.

Present complaint \_\_\_\_\_  
Pain or problem started on \_\_\_\_\_  
Pains are: \_\_\_\_\_ SHARP \_\_\_\_\_ DULL \_\_\_\_\_ CONSTANT \_\_\_\_\_ INTERMITTENT  
Intensity: \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10  
Frequency: \_\_\_\_\_ Daily \_\_\_\_\_ 2-3 times weekly \_\_\_\_\_ Sporadic  
Is this condition worse at certain times of the day? \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_ During sleep  
Is this condition interfering with work? \_\_\_\_\_ sleep? \_\_\_\_\_ routine? \_\_\_\_\_ other? \_\_\_\_\_  
Is this condition getting progressively worse? \_\_\_\_\_ Other doctors seen for this \_\_\_\_\_  
Are you using any home remedies? \_\_\_\_\_

To ensure that we assist you achieving your health care goals:

What is your healthcare goal for this problem? \_\_\_\_\_ Temporary Relief \_\_\_\_\_ Sustained Relief & Problem correction

Are you interested in learning more about Mahalo CBD Oil and its healing potentials with:

\*chronic pain \*inflammation \*sleeplessness \*anxiety \_\_\_\_\_ Yes \_\_\_\_\_ No

### OTHER SYMPTOMS:

_____ HEADACHES	_____ PINS & NEEDLES IN LEGS	_____ LOSS OF SMELL
_____ NECK PAIN	_____ NUMBNESS IN FINGERS	_____ LOSS OF TASTE
_____ SLEEPING PROBLEMS	_____ NUMBNESS IN TOES	_____ DIARRHEA
_____ BACK PAIN	_____ SHORTNESS OF BREATH	_____ FEET COLD
_____ NERVOUSNESS	_____ FATIGUE	_____ HANDS COLD
_____ TENSION	_____ DEPRESSION	_____ STOMACH UPSET
_____ IRRITABILITY	_____ LIGHTS BOTHER EYES	_____ CONSTIPATION
_____ CHEST PAINS	_____ LOSS OF MEMORY	_____ COLD SWEATS
_____ DIZZINESS	_____ EARS RING	_____ LOSS OF BALANCE
_____ FACE FLUSHED	_____ FEVER	_____ BUZZING IN EARS
_____ NECK STIFF	_____ FAINTING	_____ OTHER SYMPTOMS

Please list any current medications \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

Have you been under medical care recently or for this problem? \_\_\_\_\_

Have you had surgery? \_\_\_\_\_ Y/N \_\_\_\_\_ Any side effects from drugs or surgery? \_\_\_\_\_

Is there a family history of:

HEART DISEASE	ARTHRITIS	CANCER	DIABETES	OTHER
Fathers side	_____	_____	_____	_____
Mothers side	_____	_____	_____	_____

## ABOUT YOUR CARE

Chiropractic provides two types of care. The first is **Relief**, which corrects the most recent layer of Spinal and Neurological damage (VSC). This care usually reduces or eliminates the symptoms. Following the first phase of care, is **Wellness and Corrective Care**. It offers a genuine and natural approach maintain optimal physical, mental, and social well being! These options will be explained at your report of findings. Then you'll be able to begin a course of care that fits your health goals.

Doctor Signature: \_\_\_\_\_

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