

**The following three types of stress can cause vertebral subluxation.**

**Do you recognize any of these stresses?**

**C=Child T=Teenager A=Adult N=Not at all**

**1. Physical Stress:**

|  |   |   |   |   |       |
|--|---|---|---|---|-------|
| Birth Traumas (as a mother or a child) | C | T | A | N | _____ |
| Slips/Falls                            | C | T | A | N | _____ |
| Car Accidents                          | C | T | A | N | _____ |
| Sports Injuries                        | C | T | A | N | _____ |
| Physical Abuse                         | C | T | A | N | _____ |
| Work Injuries                          | C | T | A | N | _____ |
| Poor Posture                           | C | T | A | N | _____ |
| Sitting on your wallet for years       | C | T | A | N | _____ |
| Sleeping Position, ie stomach/side     | C | T | A | N | _____ |
| Extensive Computer Work                | C | T | A | N | _____ |
| Carrying Heavy Purse/Book<br>Bag/Child | C | T | A | N | _____ |
| Repetitive Lifting/Bending             | C | T | A | N | _____ |
| Driving for Many Hours                 | C | T | A | N | _____ |
| Continuous Hours Standing/Sitting      | C | T | A | N | _____ |
| Bone Fracture/Surgery                  | C | T | A | N | _____ |

**2. Emotional Stress:**

|                               |   |   |   |   |       |
|-------------------------------|---|---|---|---|-------|
| Relationships                 | C | T | A | N | _____ |
| Career                        | C | T | A | N | _____ |
| Children                      | C | T | A | N | _____ |
| Money                         | C | T | A | N | _____ |
| Fast Paced Life               | C | T | A | N | _____ |
| Hold in Feelings              | C | T | A | N | _____ |
| Quick Tempered                | C | T | A | N | _____ |
| Verbal Abuse                  | C | T | A | N | _____ |
| Perfectionist                 | C | T | A | N | _____ |
| Procrastinator                | C | T | A | N | _____ |
| Sickness or Loss of Loved One | C | T | A | N | _____ |

**3. Chemical Stress**

|   |   |   |   |   |       |
|---|---|---|---|---|-------|
| Environment, ie: pollution                              | C | T | A | N | _____ |
| Smoker- amount  | C | T | A | N | _____ |
| Second Hand Smoke                                       | C | T | A | N | _____ |
| Alcohol- amount   | C | T | A | N | _____ |
| Poor Diet   | C | T | A | N | _____ |
| Caffeine- amount  | C | T | A | N | _____ |
| Artificial Sweeteners                                   | C | T | A | N | _____ |
| Prescription Drugs                                      | C | T | A | N | _____ |
| Over the Counter Drugs (ex: Advil,<br>Tylenol, Aspirin) | C | T | A | N | _____ |
| Recreational Drugs                                      | C | T | A | N | _____ |

What do you feel is your primary stress? \_\_\_\_\_

\_\_\_\_\_

## LIFESTYLE HISTORY

Briefly describe your nutrition: Breakfast, lunch and dinner: \_\_\_\_\_

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What is your daily fluid intake? (What type and How much?) \_\_\_\_\_

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What is your average sleep and rest per day? \_\_\_\_\_

Do you exercise? What do you do and how often? \_\_\_\_\_

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How is your family relationship (i.e. good, stressful, none) \_\_\_\_\_

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Rank your satisfaction with work: *Low* 1 2 3 4 5 6 7 8 9 10 *High*.

What type of work do you do? \_\_\_\_\_

How often do you vacation? \_\_\_\_\_

Do you use recreational drugs or over the counter medication? If yes, please list: \_\_\_\_\_

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What are your play and relaxation activities? \_\_\_\_\_

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Do you have any other health related concerns/issues? \_\_\_\_\_

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Any previous diagnosis? \_\_\_\_\_

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