

**Dr. Ian Beckingham**  
**Welcomes You To The Chronic**  
**Condition Wellness Center**

**APPLICATION FOR CARE: We have helped thousands of individuals achieve their highest level of health through our Wellness Programs. Our Brain-Based Therapy (BBT) is very unique and we expect our patients to achieve miraculous results. Please fill out this form to the best of your ability. This information will be reviewed by your doctor to determine if you will be accepted for care in our office. Please feel free to ask any questions. We look forward to serving you.**

Full Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Marital Status S M D W Name of Spouse/significant other \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Whom may we thank for referring you to our office? \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Have you ever received Chiropractic care? Yes No With whom? \_\_\_\_\_

How often did you go? \_\_\_\_\_ Date of last visit: \_\_\_\_/\_\_\_\_/\_\_\_\_

What hobbies or activities do you enjoy? \_\_\_\_\_

Date of last medical consultation \_\_\_\_/\_\_\_\_/\_\_\_\_ Reason \_\_\_\_\_

For women: Are you pregnant? Yes No

**Please list (in order of importance) the 3 main areas in your health that you would like to improve or change.**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

## ABOUT YOUR HEALTH HISTORY

Throughout life, stress and traumatic events can damage your spine and nerve system. This stress may be **PHYSICAL, CHEMICAL and/or EMOTIONAL**. The information below will help us better understand the stress that you have experienced. We will compare this information with your examination findings.

### BIRTH TRAUMA

Research indicates that the birth process causes trauma to a baby's delicate spine and nerve system. Please circle (to the best of your recollection). Was your birth:

In a Hospital    Drug induced    C section    Breech    Natural    Home Birth

Midwife    Vacuum extraction    Prolonged    Umbilical cord around neck    Forceps

### GENERAL PHYSICAL TRAUMA:

Most traumas occur in the early years (between birth and early twenty's). During that time your spine and nerve system are growing and are more vulnerable to injury. Inactivity, such as sitting for long periods, also damages the spine.

Have you had accidents related to the following? (Circle all that apply and give dates)

Automobile    Motorcycle    Bicycle    Sports    Other: \_\_\_\_\_

*If yes, please explain:* \_\_\_\_\_

Have you **ever** injured your spine or nerve system? (Head, neck, back, pelvis, hips):    Yes    No    *If yes,*

*please explain:* \_\_\_\_\_

Do you (or anyone else) crack your back or neck?    Yes    No

Have you **ever** broken any bones or sprained any part of your body?      Yes      No

*If yes, please explain:* \_\_\_\_\_

Have you **ever** had surgery or been hospitalized?      Yes      No

*If yes, please explain:* \_\_\_\_\_

How many times a week do you exercise? 0 1 2 3 4 5 6 7 (Please Circle)

How many **total** hours a day do you sit (work, TV, driving, school, etc.) \_\_\_\_\_

How many **total** hours a day are you on a cordless phone, cell phone or headset \_\_\_\_\_

## **HISTORY OF CHEMICAL STRESS**

There are over 82,000 different man-made chemicals in our air, water and food. Chemical stress occurs due to these toxic substances that are inhaled, injected, taken orally, or absorbed into the skin.

**Do you currently take?**      Prescription drugs      Over-the-counter drugs      Vitamins

**Please list.** \_\_\_\_\_

**Have you previously been exposed to or are you currently exposed to? (please circle)**

Tap water      Smog      Flu shots      Chemicals      Fumes      Hair dye      Smoke      Cigarettes

How often do you consume? **N=Never/Rarely** **D-Daily** **W=Weekly** **M=Monthly**

Alcohol\_\_ Coffee \_\_ Tobacco\_\_ Diet Soda \_\_ Fast Food \_\_ Candy \_\_ Dairy\_\_ Wheat\_\_ Corn\_\_

What is your blood type? \_\_\_\_\_ How much water do you drink daily?  
\_\_\_\_\_

## **HISTORY OF EMOTIONAL STRESS**

**Emotional stress creates tension in your spine and nerve system and causes the release of stress hormones in your body. Although it is common to be under stress, it can affect your overall health. Please circle the emotional stresses you have encountered.**

**Childhood trauma** Yes No

**Relationships** Yes No

**Illness** Yes No

**Loss of Loved One** Yes No

**Work/School** Yes No

**Family** Yes No

**Divorce/Separation**

Yes No

**Financial**

Yes No

**Abuse** Yes

No

## **QUALITY OF LIFE**

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

How do you grade your emotional health?      Excellent    Good    Fair    Poor

How do you grade your nutritional health?      Excellent    Good    Fair    Poor

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

## **Your Current Health**

What is the **main reason** for your visit today? \_\_\_\_\_

How many hours per night do you sleep? \_\_\_\_\_ Do you dream? Y N How often \_\_\_\_\_

**Please circle the stress-related symptoms you either have now or have had within the *past year*.**

Back pain	Numbness	Fatigue	Hair loss
Neck pain	Cold hands/feet	Ears ring	Depression
Leg/knee/foot pain	Asthma	Chest pain	Nail fungus
Shoulder pain easy	Allergies	Food cravings	Catch colds
Elbow/wrist pain	Indigestion	Skin problems	Constipation
Headaches	Hot flashes	Earaches	Diarrhea
Dizziness	Hormone problems	Sinus problems	Arthritis
Insomnia	High blood pressure	Feeling old	Fainting
Frequent urination	Anger/Irritability	Palpitations	Increased sweating
Other _____			

**What Type of Care are You Seeking?(Please circle)**

Temporary relief only

Relief and optimum correction

**Terms of Acceptance**

Dr. Beckingham specializes in the detection, correction and prevention of stress-related disorders and imbalances of your brain-body connection. We do not treat or diagnose medical conditions nor dispense drugs. Today you will have a consultation and examination to evaluate the health of your spine and nerve system. The information gathered today will be analyzed. You will then be scheduled for a special visit with Dr. Beckingham to discuss the results of your exam. If he accepts your case, you will receive written recommendations outlining the steps needed to improve your health. His methods include spinal adjustments, brain-based therapy, nutrition, detoxification, rehabilitative exercises, orthotics, and stress reduction. By signing below, you understand and agree to these terms.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent (for minor): \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_