



Boulder Sol, 2106 Mapleton Ave. Boulder, CO 80304
Jay Komarek DC, Mimi Kasten DC

Name:

Date:

Address:

City:

State:

Zip:

Phone:

Work:

D.O.B.

E-mail: Type of employment:

How did you hear about us?

What brings you here today?

Have you had specific chiropractic care before? Yes No When?

When was your last physical exam? Where there any significant findings? Yes No

Would you list for us the significant events and traumas, such as divorce, accidents or injuries:

What is your level of commitment to yourself, your life and wellbeing? High____Medium____Low____

Do you currently have any health concerns:

Do you know the history of your birth?

i.e. home, midwife, hospital (vaginal, c-section, forceps, vacuum), nursed, bottle-fed, mother's condition, etc.

Do you have any recent blood work, films or MRI's: Yes No

Are you in any pain or discomfort at this time? Yes No

Are you taking any prescription drugs? Yes No

Have you seen any other health care provider for this condition? Yes No

Were or are you taking any drug/chemical (prescription or other) regularly?

Please list chemicals, when they were prescribed and the reasons for taking them?

Where you regularly vaccinated as a child or adolescent? Yes No

Were you given medications as a child when your body was expressing symptoms? Yes No

Do you take medications now when your body expresses symptoms? Yes No

Have you ever been in any type of vehicular collision? Yes No If yes, please describe

Have you ever had surgery? Yes No