



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?

Were 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

## OUR PURPOSE — A Statement of Clinical Objective

My purpose in sharing with you this statement of clinical objective is to clearly define my approach to Chiropractic, to healing and to those I serve in this office. I wish to have clear communication about both our responsibilities in this exciting relationship.

The following concepts are central to the way in which I practice Chiropractic and I am pleased to share these ideas with you so that we can be in alignment of purpose at the very beginning.

- \* There is an intelligence within each individual, which not only keeps that person alive, but also animates, coordinates, repairs, renews, empowers and heals.
- \* The nervous system is the main coordinating system and distribution center for this innate intelligence.
- \* Alteration in the shape, position, tone, or tension of then nervous system, (especially at the spine) will block, inhibit, or redirect the expression of this intelligence.
- \*The sole purpose of the Chiropractic Adjustment in this office is to bring more ease into the body and empowering a greater communication of each person’s self-healing power.
- \* Everyone, in spite of specific symptoms or ailments, can benefit from a nervous system which is more flexible, elastic, and more adaptable to life’s stresses.
- \* The innate intelligence, through the functioning of the nervous system, is the true agent of healing, empowerment, coordination, inspiration, movement, and joy. Healing is an inside job, coordinated by the same power that develops and renews your body.
- \* By their very intent, various forms of treatments may interfere with the functioning of the nervous system and are often incompatible with maximizing the benefits of chiropractic adjustments. This may include drugs such as pain reducers, muscle relaxants, anti-inflammatory compounds, and mood altering medications.
- \* I will not venture into the practice of medicine by advising about the need for reduction of such medications. I suggest you speak with your physician to determine the objective and goal to be obtained by receiving the medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently taking to accommodate for your changing body-mind.
- \* Consistent with these concepts, I choose to help each individual member of my practice experience a greater level of wellness, flexibility, personal growth, empowerment, and healing by locating and adjusting areas of stored tension and potential energy with whichever force application appears most honoring to that individual at that time.

I, \_\_\_\_\_ have read this statement of purpose, and understand its contents. I understand that the spinal adjustments offered in this office are not a replacement for any form of diagnosis or treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom. This office offers chiropractic as a form of wellness care, to promote the natural mechanisms for self-healing and empowerment.

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