Initial Consultation Questionnaire

lifewise
network care adelaide

Welcome to Lifewise. The care you receive in this practice will help you release tension from your spine, nervous system and body. Tensions build up in response to physical, emotional and chemical stresses you experience.

Your answers to the following questions will help us gain a greater understanding of you and your body. Write as much or as little as you like, in your own words. Everything you share is private and confidential.

Name ..... Date of birth ...../ ...../ .....

Address .....

Phone ..... Email .....

Occupation .....

Relationship status ..... Children (number) ..... Ages .....

Emergency contact name and phone .....

How did you hear about this practice? .....

What would you like help with?

A symptom, an area of your body, or something in your life. When it began and what was happening at the time, what helps, what makes it harder, and how it affects your sleep, mood, work or relationships.

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What would you like to be different as a result of your care?

For example: relief from a symptom, more ease in your body, more energy, better posture, coping better with stress, personal growth, enjoying life more.

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Please list any other significant health conditions, symptoms or surgeries (past or present).

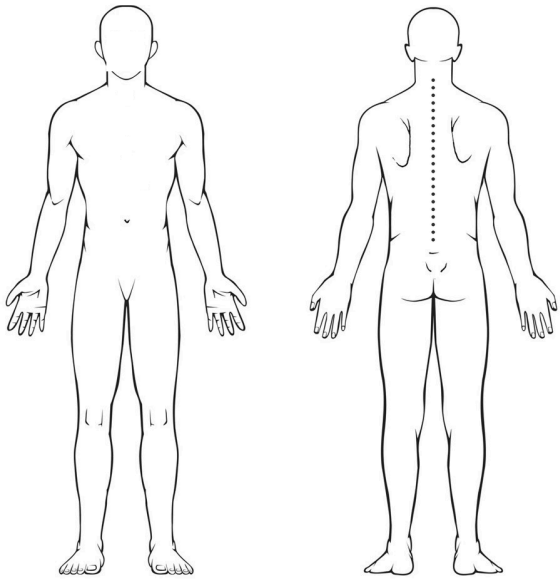
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Please use the diagrams to indicate the main area of concern as well as any other areas of pain, stiffness, discomfort or injury in your body:



Physical stress

Please list all of the major physical traumas you have had (eg falls, car accidents, sporting injuries, broken bones, etc) along with the date they occurred. Also include any major falls or accidents that did not seem to cause an injury at the time.

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Please list any prolonged postures or positions you hold your body in for extended periods, past or present (eg mobile phone or tablet use, sitting at a computer, breastfeeding, etc).

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Chemical stress

Please list any medications or supplements, past or present, plus your reasons for taking them (eg strong pain relief, anaesthetics, steroids, long courses of antibiotics, antidepressants).

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Exposure to major chemical toxins? ..... Smoked or vaped (past or present)? .....

Briefly describe your diet (eg meat and vegetables, vegetarian, whole or refined foods, etc) plus what you drink (water, coffee or tea, and alcohol).

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Psychological stress

Please list significant emotional or psychological stresses you have experienced from childhood until now, along with your age at the time (eg family break-ups, deaths, school or work stresses, change in lifestyle, abuse, traumatic events, etc).

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What is weighing on you at the moment? (eg work, relationships, health concerns, financial, etc)

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General health

Overall, how do you feel right now? Make a vertical mark on the line to show where you are.

Worst you could possibly feel — Best you could possibly feel

What exercise do you do, if any? (eg walking, running, gym, swimming, cycling, yoga, Pilates, team sports, etc)

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How is your sleep? .....

What else have you tried for your health, stress relief, or personal growth, and who are you seeing now? (eg GP, physio, naturopath, massage, acupuncture, psychology, meditation, energy work, etc)?

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Is there anything else about your health or your life that you would like us to know?

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A quick safety check

Please circle Yes or No

Cancer, past or present	Yes	No	Numbness, tingling or weakness in limbs	Yes	No
Recent unexplained weight loss	Yes	No	Sudden, severe or unusual headache	Yes	No
Osteoporosis, fracture or steroid use	Yes	No	New bladder or bowel changes	Yes	No
Chest pain, fainting or dizziness	Yes	No	Family history of cancer or heart disease	Yes	No

If yes to any, please give details .....

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About your care

Network Care. We use Network Spinal Care, a gentle form of chiropractic focused on helping you release stress and tension held in your spine and nervous system. Everyone's experience is different, and we will talk with you about what to expect.

During care. Your care is tailored to you: your needs, your goals and what you would love to experience, to support the best outcome for you. Network contacts are light, mainly at the neck and pelvis, from the base of the skull to the tailbone. Changes in breathing or spontaneous movement (rocking, stretching, twitching) are common; please go with them. You are always welcome to ask questions or let us know your preferences.

Afterwards. Some people feel tired or a little sore, or notice old aches or emotions resurfacing; this usually settles on its own. Serious complications from gentle chiropractic care are rare, and we will discuss any risks relevant to you. Please tell us if anything concerns you.

Third party cases. We do not accept WorkCover, Motor Vehicle Accident or Department of Veterans Affairs cases.

Privacy. Your information is confidential, stored securely in line with the Australian Privacy Principles, used only for your care, and not shared without your consent unless required by law.

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I understand the above and consent to care.

Name ..... Signature ..... Date ...../ ...../ .....