

Harmonic Health Solutions LLC
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CLIENT INTRODUCTORY INFORMATION

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work: _____ Cell: _____

Birthdate: _____ M _____ F _____

Occupation: _____

Spouse/Parents Name: _____

Emergency Contact: _____ Phone: _____

Email: _____

Who referred you to our office?



Welcome

Dear Client,

We are committed to providing you with both excellent emotional and physical support.
Please read and initial the following policies regarding payments for the service and products you receive.

I understand that payment in full for services and products is expected at the completion of each visit. _____ Initial

Mail order products must be paid for prior to shipping _____ Initial

DISCLAIMER REGARDING THE HEALTHSCAN TECHNIQUE

The HealthScan technique is used by Harmonic Solutions LLC for educational purposes only. These techniques are not used to diagnose, prevent, or cure any health ailments. We at HHS may give our interpretation of the Scan findings, however you the client, with information provided in the HealthScan, are solely responsible for any protocols that you choose to implement after studying the findings.

_____ Initial

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I understand and accept the above policies and acknowledge that I am financially responsible for services rendered and products received. I also understand that I am financially responsible for any overdue charges or collection fees applied to my account.

Patient Signature _____ Date: _____
(Parent must sign for minor)

Staff Signature _____ Date: _____

CLIENT HISTORY

CURRENT HEALTH

Chief Complaints: _____

Have you had treatments for these issues in the past? If so, please describe types of treatments and approximate dates and length of treatment? What was the outcome? complete symptom relief, no change, etc _____

Date of Onset of Symptoms: _____

Current Medications: _____

Current Vitamins or Supplements: _____

Current MD & Treatment: _____

Do you currently receiving chiropractic treatment? _____

CLIENT MEDICAL HISTORY

THIS IS A GUIDE TO USE FOR WRITING UP YOUR MEDICAL HISTORY. WE BELIEVE THAT THE PERSON THAT YOU ARE TODAY IS A RESULT OF EVERYTHING THAT HAS HAPPENED TO YOU THROUGHOUT YOUR LIFETIME, STARTING FROM THE MOMENT OF CONCEPTION. THEREFORE, PLEASE BE AS DETAILED AS POSSIBLE WHEN WRITING UP YOUR HISTORY. IF SOMETHING SEEMS SMALL OR TRIVIAL, INCLUDE IT ANYWAY.

PLEASE TYPE OR HAND WRITE YOUR HISTORY USING THE GUIDE BELOW. Use as many sheets as needed:

History of Chief Complaint: When did the problem start? How has it gotten better or worse? What type of treatments have you tried? Etc.

Previous Medical History: Start at conception and work your way to the present. Describe any problems or unusual symptoms that occurred during your mother's pregnancy with you and describe any details of your birth that you are aware, such as a vaginal vs. cesarean delivery, type of anesthesia used, cord wrapped around the neck, if forceps were used, etc. Were you breast-fed? If so, for how long? Did you suffer from colic? Include all the major medical illnesses you have had, the ages at which they occurred and how they were treated. For example: "Mumps at age 5, very sick and had to go to the hospital because I developed pancreatitis." Other illnesses and conditions might include chronic infections, high blood pressure, candidiasis, emphysema, cancer, migraines, etc.

Your Goals for Treatment: Example: Symptom relief, complete health restored, managing pain, etc.

Social History: Write down a chronological history of your significant relationships. At what age did you have your first sexual encounter? At what age did you become sexually active? Are there any concerns about your sex life? What is your level of education? How are your current relationships harming you? How are they benefitting you? What do you do for fun?

Write down a chronological history of your employment. Years employed? Companies you have worked? Job title? Experience? Etc.

How much alcohol do you drink on a weekly/daily basis? Do you have a history of recreational drug use? If so, for how long and how frequently? How much caffeine do you consume daily? How many meals and snacks do you consume during your average day? Describe a daily average breakfast, lunch and dinner. Are there any foods that you do not eat? How often and what type of exercise do you get on a weekly basis? How much water do you usually drink everyday – in approximate ounces?

Sleep Habits: Describe a typical 7-day sleep period. What time do you go to bed? What time do you get up in the morning? Do you go to sleep easily? Do you wake up during the night and have to urinate? How many times? Do you sleep for 5 straight hours without getting up? Do you wake rested?

Emotional History: Describe your emotional history. Have you ever been depressed? Abused? How do you respond to anger, frustration, sadness? List any hospitalizations or treatments you have received for mental health issues. How do you respond to stress? What do you do for stress? What makes your heart sing?

YOU'RE ALMOST DONE!!!!

FAMILY HISTORY

Past and present health problems

Mother, Father, Siblings

Family History: Describe any mental illness, depression or suicide in your family – parents, siblings, husband, children.

CONGRATULATIONS!!! By this point, you should have a very accurate view of your emotional health over your lifetime up to the present. Thank you for taking the time to complete this history. It will give both of us a foundation to rebuild a healthy you! I LOOK FORWARD TO SEEING YOU SOON.

Marilyn