

**Personal History Form:**

**Date(Fecha):** \_\_\_\_\_

Name (Nombre): \_\_\_\_\_ Date of Birth (Fecha de Nacimiento): \_\_\_\_\_  
Address (Direccion): \_\_\_\_\_ Apt #: \_\_\_\_\_  
City (Ciudad): \_\_\_\_\_ State (Estado): \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home(Casa) #: \_\_\_\_\_ Cellular: \_\_\_\_\_ Work (Trabajo): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Please share how you heard of this office and Network Spinal Analysis. (Como se entero de nuestros servicios?)  
\_\_\_\_\_

1. What is your present health concern(s), and when did it start? (Cual es su preocupacion, cuando empezo?)  
\_\_\_\_\_  
\_\_\_\_\_

2. How are you being affected by this concern? (Como le afecta esta preocupacion?)  
\_\_\_\_\_  
\_\_\_\_\_

3. Why do you think this has happened? List all reasons. (Como cree que esto paso? Enumere sus razones)  
\_\_\_\_\_  
\_\_\_\_\_

4. Which best describes your current feeling about your situation? Circle one.  
(Como describe mejor su situacion? Escota una.)  
a. I feel helpless and right now nothing is working. (Me siento indefensa y nada sale bien.)  
b. This is really bad. I'm scared and hope you can fix it for me. (Esto esta muy mal. Tengo miedo y espero que usted lo arregle.)  
c. I feel stuck and can't help myself right now. (Me siento estancado y no quedo mejorar.)  
d. I deserve more than what I have been experiencing and would like you to assist me in my healing. (Merezco algo mejor de lo estoy viviendo y quiero que me ayude a sanar.)  
e. Other. (Otros)... \_\_\_\_\_

5. Please list past injuries, traumas and surgeries that you have had. Please indicate dates. (Por favor enumere trauamas y cirujias que haya tenido, con fechas.) \_\_\_\_\_  
\_\_\_\_\_

6. Are you currently taking any medication &/or do you smoke? If yes, list. (Toma alguna medicina en este momento)  
\_\_\_\_\_  
\_\_\_\_\_

7. Please list medications you have taken for a period of three(3) or more months. Include reason. (Por favor diganos las medicinas que ha tomado por tres o mas meses. Cual fue la razon.) \_\_\_\_\_  
\_\_\_\_\_

8. Have you ever had your spine assessed by a professional? If yes, explain. (Ha tenido su espina evaluado porun profesional. Explique.) \_\_\_\_\_  
\_\_\_\_\_

9. What type of alternative therapies have you experienced; massage, meditation, yoga etc...? (Ha experimentado alguna otra terapia como masajes o yoga?) \_\_\_\_\_  
\_\_\_\_\_

10. Rate: How do you hope to benefit from care in this office? (Como espera beneficiarse con el tratamiento que le damos?) Please use the scale below. (Use los puntos siguientes.)

(a) Very important to me (Muy importante para mi) (b) Important to me (importante) (c) Not important (No es tan importante)

- \_\_\_\_\_ Improvement of my physical symptoms. (Mejoria de mis sintomas fisicos.)
- \_\_\_\_\_ Improvement of emotional/mental symptoms. (Mejoria de sintomas emocionales/mentales.)
- \_\_\_\_\_ Improvement of my ability to react/respond to stress. (Mejoria de mi habilidad a reaccionar a estres.)
- \_\_\_\_\_ Improvement in enjoyment of life and the ability to make constructive choices. (Mejoria en mi habilidad de gozar la vida y hacer buena decisiones.)
- \_\_\_\_\_ Overall improved quality of life. (Mejorar la calidad de me vida.)
- \_\_\_\_\_ Feel more vital and alive. (Sentir mas energia y vital.)
- \_\_\_\_\_ Trust my inner voice with more certainty. (Confiar en mi voz interna con mas seguridad.)
- \_\_\_\_\_ Have more compassion for myself and others. (Tener mas compasion pr mi y otros.)

11. Please share what other expectations and benefits you are hoping to receive. (Por favor diganos que otras expectativas tiene de este tratamiento.) \_\_\_\_\_

12. Is there some aspect of your life that pleases you, brings you joy, or helps you feel better? (Que aspecto de su vida le produce felicidad o le ayuda a sentirse mejor con si misma?) \_\_\_\_\_

13. Are there any particular factors or elements about your life, (experiences, family, work, past injuries, genetics, diet, outlook, etc) which you feel **impair** your opportunity for full glowing health? (Que hay en su vida, experiencias, familia, trabajo, programas dietiticos, ejercicios, genetica etc...que usted cree que impiden su salud completa?) \_\_\_\_\_

14. Are there any particular factors or elements about your life, (experiences, family, work, past injuries, genetics, diet, outlook, etc) which you feel **gives you an edge**, or adds to your health? (Que hay en su vida, experiencias, familia, trabajo, programas dietiticos, ejercicios, genetica etc... que usted cree que le proporcionan una ventasa o agrega bien estar?) \_\_\_\_\_

15. When communicating to you about your spine, nervous system and your health and wellness: (Circle your preference) Cuando le pregunto acerca de su salud: (Escoga uno)

- a. Mostly **speak** with me about the clinical findings. Tell me about the changes I am making. (**Hableme** de lo que encuentra. Hablame de los cambios.)
- b. Mostly show me in **written** form the clinical findings. Let me see the changes I'm making. (**Escribame** lo que encuentra. Muestreme los cambios.)
- c. Mostly let me get a **sense** of the clinical work. Help me feel the difference in my body. (Ayudeme a **Sentir** la diferencia.)

16. What would motivate you to tell others about the care you get in this office, and encourage them to receive care? (Que le ayudaria a referir gente a esta oficina?) \_\_\_\_\_

Thank you for choosing this Network Spinal Analysis office. (Gracias por viene a este oficina Network Spinal Analysis.)