

Inspired Healing
Dr. Joanne Hauptert D.C.

Personal Health Profile

Date: _____

First Name _____ Last Name _____

Address _____

City _____ Zip _____ Home Phone _____

Cell Phone _____ Work Phone _____

Date of Birth _____ Occupation _____

Marital Status _____ Number of Kids _____

Referred by _____

E-mail address _____

Do you currently have any health concerns? ___ Yes ___ No

Please describe: _____

What methods have you tried to address these concerns? _____

What are your health care goals? _____

Does your immediate family receive Network care? ___ Yes ___ No

There are many types of stress that affect the health of your body and nervous system; these stresses may be **physical, chemical, or emotional**.

Birth Stress:

Was your birth difficult or traumatic? ___ Yes ___ No

Did your mother have an illness or injury before or during pregnancy?

___ Yes ___ No

Was your birth: ___ drug induced ___ C-section ___ forceps or suction

___ breech ___ prolonged ___ cord around neck

___ other _____

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Emotional Birth Stress

Was your birth: ___ at home ___ in a birthing center ___ hospital ___ other
Were you incubated or isolated after birth? ___ Yes ___ No

Birth and Early Childhood/Chemical Stress

Before or during her pregnancy with you, did your mother regularly:

___ smoke ___ drink alcohol ___ take drugs or medications

During labor and delivery, was your mother:

___ conscious ___ semi-conscious ___ unconscious

Were you fed: ___ formula ___ bottle fed ___ mother's milk ___ nursed

List any childhood illnesses or medications: _____

Vehicular Accidents

Have you been in a vehicular accident? (even if you do not think you were hurt)

___ Yes ___ No

Please describe. Give approximate dates, severity, and vehicle involved. (car, bike, etc.)

General Physical Stress

___ Falls? _____

___ Sports impacts? _____

___ Physical fights? _____

___ Knocked unconscious? _____

___ Broken bones? _____

___ Sprains/strains? _____

___ Used crutches, cane or walker? _____

During the day, do you mostly:

___ sit ___ walk ___ do desk work ___ do phone work ___ stand ___ drive

___ read at computer ___ do heavy lifting

Are there any habitual postures or positions you remain in for prolonged periods? Ex: reading, watching T.V., playing a musical instrument?

___ Yes ___ No If yes, why? _____

Please list any surgeries: _____

Do you have all your body parts? ___ Yes ___ No _____

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General Chemical Stress

Are you taking any drug (**prescription or over-the-counter**) regularly?

Yes No

List drug(s), how long you have been taking them, and reason for taking them:

Are they prescribed by a physician? Yes No, last visit _____

Do you or did you work with any chemical, fume, dust, powder, smoke, etc. for prolonged periods? No Yes, describe _____

Check any of the following that you consume, and give frequency (ex: daily, 3x/wk, weekly, etc.):

alcohol _____ fruit _____ artificial sweeteners _____
 soda _____ whole grains _____ coffee _____
 cooked/canned vegetables _____ dairy _____
 raw vegetables _____ tobacco _____ fried foods _____
 refined sugars _____ meats _____ diet foods _____
 organic foods _____

Do you think your diet enhances or stresses your body? _____

General Emotional Stress

Check any of the following that apply. **P** stands for **past**, **C** for **current**, leave blank if not applicable

	Mild	Moderate	Extreme		Mild	Moderate	Extreme
Childhood				Work Related			
School				Commuting			
Play/recreation				Loss of loved one			
Family				Change in life style			
Relationship				Change in vocation			
Illness				Abuse			

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Have you suffered from depression? No ___ Yes ___ Since _____

Do you get headaches more often than 2 times a month? Yes ___ No ___
Since when _____

Do you have trouble with (please circle) bowel movements, indigestion, or gas?
Since when _____

Do you get quality sleep? Yes ___ No ___
Since when _____

Do you have less energy than you want? Yes ___ No ___
Since when _____

Are there any particular factors or elements about your life that you feel impair your
opportunity for full health? _____

What brings joy and meaning to your life? _____

What is your current strategy for coping with:
Stress? _____

Uncertainty? _____

Is there anything else you wish to share, which may help me to better understand you,
your history, or your professional needs, that has not been discussed on this
questionnaire? _____

**Thank you for choosing Network Spinal Analysis and Inspired
Healing. I look forward to helping you to develop a healthy spine
and nervous system. I am excited about assisting you on your
journey towards greater health and wellness.**

Inspired Healing
5350 E. Broadway Blvd., Suite 108
Tucson, AZ. 85711
520-584-0343

NETWORK SPINAL ANALYSIS (NSA) Consent Form

I hereby request and consent to receiving spinal care, including wellness education in this office by a chiropractor(s) who provides Network Spinal Analysis (NSA) Care, a low force approach which has unique outcomes and clinical results. This practitioner(s) chooses to practice NSA, as he/she is professionally and personally confident in regard to the safety and effectiveness of this form of care.

This office provides care in accordance with the Council on Chiropractic Practice Guidelines and this Canon of Ethics of the Association for Network Care, and my doctor(s) has been trained in traditional chiropractic care and certified in the procedures of NSA.

The purpose of this consent form is to help me better understand the nature of the services offered in this office and our mutual responsibilities. This fosters a more effective relationship and avoids misunderstandings regarding expectations. Having well understood expectations is anticipated to promote a greater sense of safety and healing.

NSA does not attempt to manually, or by instrument, manipulate spinal fixations structurally (often associated with a snapping or popping sound), nor does it directly treat painful areas of the spine and body. Instead, by enhancing my body's awareness of itself and specifically my spine, I understand I can develop new strategies for healing, adapting to stress, and experiencing wellness. These strategies promote spontaneous self-correction and self-regulation of the spinal tension patterns and healing.

NSA consists of gentle touch contacts along the neck and back to achieve greater communication between the brain and body, and new sensory and motor strategies. NSA adopts an approach associated with somatic (body/spinal awareness) training. There is a large body of research documenting the effectiveness of NSA care. These are available for review in this office.

I am aware that I will be receiving gentle touch Network adjustments, also called entrainments. Assessments of my progress will include monitoring my spine and body awareness, responsiveness to inner rhythms, tension, and ease patterns. At regular intervals, reassessment will be performed. These will include my perception of progress and my awareness of my spine and body-mind changes. My chiropractor(s) will report to me the improvement in my spinal and nervous system integrity and my ability to self-regulate tension and to reorganize my spine.

I also understand that, in addition to NSA care and wellness education, my practitioner(s) may perform additional examinations or assessments and offer health/spinal care or advice that is consistent with my individual needs.

NSA is advanced through a series of Levels of Care. Each Level of Care involves the development of new and unique spontaneous spinal wave motions, other body movements, and oscillations. These waves, which are suggested to be associated with greater spinal stability, the

redistribution of energy, and the transfer of internal information are also associated with greater wellness, improved quality of life, and increased life enjoyment.

It has been explained to my satisfaction, and I understand that the care offered at this office is not a form of, or replacement for, the diagnoses or treatment of any symptom, disease, or malady. Instead, it is a form of wellness care and self-education that empowers my connection with my body-mind and develops new strategies for spinal and nervous system integrity and wellness. It develops new capacities in my body for the identification of, spontaneous release of, and redirection of tension, including those that are unique to NSA care.

It is common for people receiving NSA care to breathe more deeply and more fully, engaging the spine with their respiration, to spontaneously adapt postures that release or redistribute tension, to bust stress, and to experience more of their inner life energy. I understand it is common to experience a wider range of motion and emotion during care. It is common, as care progresses, to find new options in the body and in life, which often lead to significant life changes.

This form of care is NOT suggested for those individuals who wish to remove a symptom or condition without the occurrence of other fundamental changes in their lives. The care in this office often promotes significant changes in health choices, lifestyle, and experience of the body-mind, emotion and consciousness. Rather than attempting to simply return me to my previous state minus a symptom, this chiropractor instead chooses to help me achieve new levels of wellness and life potential that I may never have had before.

Although in this office we seek to help you develop new strategies for wellness and spinal nerve system integrity, as a chiropractor the sole condition of concern is that of the vertebral subluxation. In NSA, we categorize these Subluxations into two categories, a structural segmental distortion and a spinal cord/nerve elongation or stretching. Through the gentle force applications at the spine to enhance spinal and nerve system integrity, subluxations are corrected. This is the only condition that we address in our office.

The only condition we offer to diagnose and correct is the vertebral subluxation and the loss of spinal and neural integrity in relationship to this. We do not offer to diagnose or treat any other condition, disease, or symptom. If during the course of our spinal assessment/examination we encounter non-chiropractic or unusual findings, we will advise you of this. If you desire advice on further diagnosis or treatment of this condition, situation or circumstance, we will recommend that you seek the services of another health care provider whose practice is geared towards such differential diagnosis and treatment.

I have read, or have had read to me, the Consent to Receive Network Spinal Analysis (NSA) Care and understand that this care is different from what many consumers may expect from chiropractors practicing manipulative therapy. I agree to receive NSA care and wellness education. I understand that I am not passive in the process, that I am an active participant in my care and in my healing.

Name of Practice Member	Signature	Date
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Guardian Name	Signature	Date
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