

Touch Chiropractic  
Dr. Dina Keon, D.C.  
1260 Fulton Avenue, Suite A  
Sacramento, CA 95825  
Tel: 916-487-3007

Thank you for your interest in health, healing, and Touch Chiropractic. Congratulations upon your first step in a profound, new healing model: Network Spinal Analysis.

At Touch Chiropractic you will explore the incredible healing power of your own body while learning to develop long-term strategies for taking care of your own health. Our purpose is to facilitate your healing process by removing interference from your nervous systems so that your own innate healing capacity works at its fullest potential. We do this with gentle, honoring chiropractic entrainments.

Clinical work and scientific studies have shown that people who receive regular Network care enjoy:

- Better posture, and spines that are softer and more supple
- Improved overall physical vitality: more energy, greater flexibility, reduced chronic pain, fewer colds and headaches
- Greater ability to cope with stress in the areas of health, family, relationships, and work
- Improved emotional and psychological well-being
- Overall quality of life improvement

Your initial visit to Touch Chiropractic will include a consultation, a computerized, noninvasive, surface-EMG (surface-electromyographic) study, an in-depth spinal analysis to determine where there may be disturbances in the natural transmission of messages between your mind and your body, and your first gentle entrainment.

To prepare for your initial office visit, please follow this checklist:

- Thoroughly complete and sign the *Comprehensive Health Profile* before coming to the office.
- Read, sign, and date the *Terms of Acceptance in This Office*.
- Bring your insurance card to your appointment.
- Plan to spend up to an hour in the office for your initial visit.
- Please arrive 10 minutes before your scheduled appointment time.

Your journey towards greater health and awareness begins with a very gentle entrainment of your nervous system. This consists of soft touches to your spine and adjacent soft tissues. Our objective is to enhance your neural and spinal integrity. No matter where you are in your experience: whether you wish to rid yourself of a pain, a symptom, or a disease, or you wish to grow beyond your present level of awareness, with a clear, flexible nervous system, you are on your way.

We look forward to meeting you for your initial evaluation.

Warmest regards,

Dr. Dina Keon, D.C.

P.S. Please remember to bring your completed paperwork with you

# Comprehensive Health Profile

Touch Chiropractic and Wellness Center

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Martial Status: \_\_\_\_\_ No. of Children: \_\_\_\_\_

Email: \_\_\_\_\_ Insurance: \_\_\_\_\_

Who referred you to our office? \_\_\_\_\_

Please complete this general history survey, as it will provide your doctor with important information to understand your history, your present and longer term needs, and any compromise to your wellness or life quality.

## Part 1: Your Health Concerns or Symptoms and How They May Affect Your Life

1. What are you seeking help with? \_\_\_\_\_

2. When did this situation or concern begin? \_\_\_\_\_

3. Have you done anything about this situation or concern or gotten any advice or treatment for it? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what were you told? \_\_\_\_\_

4. What was done? \_\_\_\_\_

5. Did it seem to work? \_\_\_\_\_

6. After treatment was there anything different about you, your condition or your concern about the symptoms or condition? \_\_\_\_\_

7. Please grade the level to which this health concern (s) affects these aspects of your functioning/quality of life.

**0 – It does not seem to affect me. 1 – slightly 2 – moderately 3 – drastically**

Effect on work	0 1 2 3	Effect on recreation/play	0 1 2 3	Effect on rest/sleep	0 1 2 3
Effect on social life	0 1 2 3	Effect on walking	0 1 2 3	Effect on sitting	0 1 2 3
Effect on exercise	0 1 2 3	Effect on eating	0 1 2 3	Effect on love life	0 1 2 3

8. How aware of this are you during the day? 0 1 2 3 At night? 0 1 2 3

9. Is there any activity you can be involved with when you totally forget about this condition, symptom or concern? \_\_\_\_\_

10. Is there any time of day or activity which makes you more aware of it? \_\_\_\_\_

11. Why do you think this has happened or continues to happen to you? \_\_\_\_\_

12. If this condition or symptom were to go away tomorrow, what would be different about your life? \_\_\_\_\_

13. What other health concerns, conditions or "diagnoses" do you have? \_\_\_\_\_

14. What are you doing about them? Exercise, drugs, diet change, other? \_\_\_\_\_

**Part II: Health/Trauma/Medical/Chiropractic and Healing History**

1. Have you ever injured your spine (neck, head, back, pelvis)?
  - a) Date of *most significant* injury: \_\_\_\_\_
  - b) What happened? \_\_\_\_\_
  - c) Date of *most recent* injury: \_\_\_\_\_
  - d) What happened? \_\_\_\_\_
2. Have you had a work/vehicular accident related injury or any injury which may involve a lawsuit or an attorney?  
Please describe \_\_\_\_\_
3. Please list medications (prescription or over the counter) you have taken within the past 60 days: \_\_\_\_\_  
\_\_\_\_\_
4. In the past, have you taken other medications for a period of more than 3 months? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a) What did you take? \_\_\_\_\_
  - b) What was the reason for taking this medication? \_\_\_\_\_
5. Have you had any spinal x-rays, CAT scans or MRI imaging of your head, neck, back, pelvis or hips?  
Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_
6. What were you told about them? \_\_\_\_\_
7. Where are these films now? \_\_\_\_\_
8. Have you had any surgeries? Please provide date & nature of surgeries: \_\_\_\_\_  
\_\_\_\_\_
9. Have you broken any bones, or significantly sprained part of your body? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain: \_\_\_\_\_
10. Please list any herbs, nutritional supplements or natural remedies you take regularly: \_\_\_\_\_  
\_\_\_\_\_
11. Has your spine ever been professionally adjusted? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a) By whom and when? \_\_\_\_\_
  - b) Why did you go? \_\_\_\_\_
  - c) Are you still going? Yes \_\_\_\_\_ No \_\_\_\_\_
  - d) What did he/she do for you? \_\_\_\_\_
  - e) Were you pleased with the results? Yes \_\_\_\_\_ No \_\_\_\_\_
  - f) Does anyone in your family receive chiropractic care? Yes \_\_\_\_\_ No \_\_\_\_\_
12. Do you consult with a physician for other than routine evaluations? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a) When was your last visit? \_\_\_\_\_
  - b) What was the reason for the visit (s)? \_\_\_\_\_
  - c) What was done or suggested? \_\_\_\_\_
  - d) How did that work? \_\_\_\_\_

13. Have you had experience with the following health, treatment or healing modalities? If so, please describe when you went, for how long and what the results were.

Massage/Bodywork/physical Therapy \_\_\_\_\_

Emotional Therapy/Psychotherapy \_\_\_\_\_

Osteopathy/Craniosacral \_\_\_\_\_

Music/Dance/Sound/Light/Aromatherapy \_\_\_\_\_

Homeopathy/Ayurvedic Medicine \_\_\_\_\_

Oriental Medicine/Acupuncture \_\_\_\_\_

Nutritional Counseling/Herbalist \_\_\_\_\_

Rebirthing/Breathwork \_\_\_\_\_

Yoga/Movement/Tai Chi/Chi Gong \_\_\_\_\_

Other \_\_\_\_\_

14. Do you have a current exercise, meditation, prayer, nutritional or dietary program? Please describe: \_\_\_\_\_

15. When stressed, how do you "center yourself" or re-group"? \_\_\_\_\_

16. Is there some aspect of your life that very much pleases you, brings you joy, or helps your to feel better about yourself? \_\_\_\_\_

17. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel impair your opportunity for full glowing health? \_\_\_\_\_

18. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel give you an edge or adds to your health? \_\_\_\_\_

19. What would motivate you to tell others about the care you receive in the office and encourage others to seek care here? \_\_\_\_\_

**Part III: Stress Survey: Please grade the following stresses in order of increasing intensity.**

**0 – no stress 1 – slight stress 2 – moderate stress 3 – extreme stress**

- |  |  |
|--|--|
| 1) Overall Physical Stress, Trauma:<br>0 1 2 3 | Includes: falls, accidents, injuries, repeated postural stress impacts, difficult birth, traction, physical abuse.   |
| 2) Overall Emotional/Mental:<br>0 1 2 3        | Includes: loss of loved ones, rapid change in life situation, mental, emotional sexual abuse, legal or financial concerns, move, separation/divorce etc. in relationship, stress of being ill. |
| 3) Overall Chemical Stress:<br>0 1 2 3         | Includes: drugs, smoke, fumes, food additives etc.   |

Thank you for choosing our Network Chiropractic office. We look forward to helping you have successful experiences with your ability to develop a healthy spine and nervous system. We are excited about the possibility of assisting you in achieving greater health and wellness.

I fully understand and agree that all services rendered are charged directly to me and I am directly responsible for payment at the time services are rendered. In the case of any dispute regarding services, I agree to submit said dispute to arbitration.

Patient or responsible party's signature \_\_\_\_\_ Date \_\_\_\_\_

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**TERMS OF ACCEPTANCE IN THIS OFFICE**  
STATEMENT OF CLINICAL OBJECTIVES

This document defines what we do and what we do not do in this office so you may be sure of our responsibilities and your responsibilities in this relationship.

We recognize that there is an intelligence within each individual that not only keeps us alive, but coordinates, repairs, renews, and heals every cell of the body.

We recognize that the nervous system is the main distribution center and coordinating system for this life power.

We recognize that there may exist an internal interference with the flow of this life power.

We recognize that proper coordination, repair, healing, locomotion, motivation, and genetic potential are not expressed when this life power is blocked, and that tension in our nervous system blocks this power.

We recognize that network spinal analysis entrainments release the tension in the nervous system, enhancing its capacity to carry this life power.

We recognize that *everyone*, in spite of his or her symptoms or ailments, can benefit from a nervous system that is more flexible, elastic, and able to grow and develop without the interfering effect of adverse mechanical spinal cord tension.

We recognize that symptoms are not necessarily a sign of illness. They also serve to alert you of the need for change. We recognize that although an illness may be *incurable*, the individual in whom the illness resides is often not.

We recognize the specific location of symptoms does not tell the specific location of spinal cord tension, and the severity of symptoms is not consistently related to the severity of such tension.

We do not name or treat symptoms, conditions, or ailments. We do not state directly or imply that any specific entrainment or series of entrainments will affect any condition you may have.

We recognize there are many professions that attempt to make you more comfortable by treating your conditions.

If you have a symptom, condition, or ailment about which you are concerned, we suggest you consult with a disease or symptom care specialist. We may be able to assist you with a referral.

We understand the purpose of the entrainment is to allow the internal wisdom of your body to fully express itself. Drugs, such as tranquilizers, muscle relaxants, anti-inflammatory compounds, beta-blockers, hypertensive medications, and pain blocking compounds, by their very intent, interfere with the normal function of your nervous system.

We will not venture into the practice of medicine by telling you to take or not to take any specific treatment. We feel it is your responsibility to speak with your physician to determine the objective of ingesting any drug or receiving any treatment, and determine if this is consistent with your desire for healing and wellness. As the entrainments help your body normalize, the body's chemistry changes. You should seek the physician's consult in potential reduction of medication levels. Naturally, medication levels for a non-flexible body, stuck in sickness, are not the same for a body on the road to wellness.

We choose to help each individual member of this practice achieve a greater level of wellness, elasticity, personal growth and development, by initiating the process of reduction of spinal cord tension.

By my signature below, I acknowledge I have reviewed the above statements and understand the content. I choose to receive Network Spinal Analysis care to enhance my body's ability to heal. Although symptoms and ailments often undergo marked changes with care, I understand the entrainments I receive in this office are not a treatment of any condition, symptom, or ailment other than spinal cord tension. I also understand I am not being discouraged from seeking the services of any other type of practitioner.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## **Directions to Touch Chiropractic**

### **From Highway 50:**

Exit Watt Ave North and travel approximately 2 miles to Hurley Way. Turn **L** on Hurley. Go West on Hurley until you see H&R Block on the left (just before you reach Fulton Ave). Turn **L** into the H&R Block parking lot and drive around to the opposite side of the parking lot and you will find Touch Chiropractic.

### **From Downtown/Business 80:**

*Option 1:* Take Business 80 towards Reno. Exit on Exposition Blvd. Go East on Exposition. Exposition becomes Arden Way. Take Arden to Fulton Ave. Turn **R** on Fulton. Go south on Fulton to Hurley Way. Turn **L** on Hurley and immediately enter our parking lot on your right at H&R Block. Drive around to opposite side of parking lot and you will find Touch Chiropractic.

*Option 2:* Take J Street East until it becomes Fair Oaks Blvd. Continue along until you reach Munroe Street. Turn **L** on Munroe. Go approximately ½ mile. Touch Chiropractic is on your right-hand side just before you reach Hurley, in the same office complex as H&R Block.

### **From Interstate 80:**

Exit Watt Ave and travel South to Hurley Way. Turn **R** on Hurley. Go ½ mile towards Fulton Ave. Just before Fulton, turn **L** into our parking lot at the H&R Block. Drive around to opposite end of parking lot and you will find Touch Chiropractic.