

Welcome to Veressent Life

A vision and business designed to Empower the exceptional in you.

Dr. Steven Fonso's revolutionary Essentials for Exceptional Living are comprehensive, experiential programs and step-by-step practice methods for achieving ultimate health and wellbeing in Body-Mind and Spirit.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Date of Birth: D _____ M _____ Year _____ Male _____ Female _____

Marital Status: () Married () Single () Widowed () Divorced

Name of Spouse (if applicable): _____

Do you have children? () Yes () No If so, do they live at home? () Yes () No

Names / Ages of children: _____

Who is your current employer? _____

Who is your family doctor? _____

Have you seen a chiropractor before? () Yes () No If so, when? _____

Reason of seeking our services? _____

Were you referred to us? () Yes () No If so, by who? _____

Is there anything about your nerve system and spine we should know about?

Rate your level of commitment to yourself, your life and well-being? () High () Medium () Low

On a scale of 1 (low) to 10 (high) please answer the following:

Current Life Stress: _____ Level of Health: _____ Overall Happiness: _____

History of chemical stress, trauma or challenges (i.e. alcohol, drugs, environment, etc.):

History of emotional stress, trauma or challenges (i.e. work, family, deaths, finances, etc.):

What did you have for breakfast, lunch and dinner yesterday?

What is your daily fluid intake? _____

What is the quality and quantity of your sleep and rest / relaxation?

How much and what kind of exercise do you get? _____

What is the quality of your family relationships? _____

What type of work do you do? _____

What is your level and satisfaction with your career? () Great () OK () Dissatisfied

When was your last vacation? _____

Do you take drugs, over-the-counter drugs, or medication? () Yes () No If so, please list:

What do you do to relax? _____

What / who brings you joy in life? _____

Are there any **current** stressors / stressful events we should be aware of?

Since we are a referral based practice, what experiences / results do you need to refer to our office?

Informed Consent to Wholistic Spinal Care

Dr. Fonso practises Wholistic Spinal Care, a unique approach to caring for you as whole person. Dr. Fonso utilizes Network Spinal Analysis (NSA), a safe and gentle chiropractic technique consisting of gentle manual contacts along the spinal tissues. NSA enables the nervous system to release stored tension, enhancing your body's ability to heal itself.

I hereby request and consent to the performance of Wholistic Spinal Care and other chiropractic procedures, on me, by Dr. Fonso. I understand and agree that health and accident insurance policies are an agreement between an insurance carrier and myself. Furthermore, I understand that the Doctor's Office will prepare any necessary reports and forms to assist me in making collection from the insurance company. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care at this office, any outstanding charges for professional services rendered me will be immediately due and payable.

I hereby request and consent to the performance or chiropractic adjustments and other chiropractic procedures and if necessary, diagnostic x-rays, on me by the doctor of chiropractic and / or anyone working in this clinic authorized by the doctor of chiropractic.

I have had an opportunity to discuss with the doctor of chiropractic / staff member and / or with other office or clinic personnel, the nature and purpose of chiropractic adjust and other procedures. I understand that results are not guaranteed.

I further understand and am informed that, as in all health care, in the practice of chiropractic there are some very slight risks to treatment, including, but not limited to, muscle strains and sprains, rib fractures, disc injuries, and strokes. I do not expect the doctor to be able to anticipate and explain all risks and complications and I wish to rely on the doctor to exercise judgment during the course of the procedure which the doctor feels at the time, based upon the facts then known, is in my best interests.

I have read and understood the above and I consent to all examinations and care as deemed appropriate by the Doctor of Chiropractic for my present condition, and for any future conditions for which I may ask any questions to the Doctor either before or after I sign this consent, and I understand that my consent can be withdrawn at any time.

Dated this _____ day of _____ 20 _____.

Signature of patient (or legal guardian)

Signature of witness

Wellness & Quality of Life Survey

Name: _____

Date: _____

I. Physical State

How often do you experience the following symptoms?

	Never	Rarely	Occasionally	Regularly	Constantly
1. Physical Pain (neck/back ache, sore arms/legs, etc.).	1	2	3	4	5
2. Feeling of tension, stiffness or lack of flexibility.	1	2	3	4	5
3. Fatigue or low energy.	1	2	3	4	5
4. Colds and flu.	1	2	3	4	5
5. Headaches (of any kind).	1	2	3	4	5
6. Heartburn or indigestion.	1	2	3	4	5
7. Nausea or constipation.	1	2	3	4	5
8. Menstrual discomfort.	1	2	3	4	5
9. Allergies or skin rashes.	1	2	3	4	5
10. Dizziness or light-headedness.	1	2	3	4	5
11. Accidents or near accidents or falling or tripping.	1	2	3	4	5
12. Ease of recovery from injury.	1	2	3	4	5
13. Restricted or shallow breathing.	1	2	3	4	5

II. Mental/Emotional State

Rate the following questions with respect to frequency:

	Never	Rarely	Occasionally	Regularly	Constantly
1. If pain is present, how distressed are you about it?	1	2	3	4	5
2. Presence of negative or critical feelings about yourself.	1	2	3	4	5
3. Experience of moodiness, temper or anger outbursts.	1	2	3	4	5
4. Experience of depression or lack of interest.	1	2	3	4	5
5. Over reacting to life's stresses.	1	2	3	4	5
6. Being overly worried about small things.	1	2	3	4	5
7. Experience of vague fears or anxiety.	1	2	3	4	5
8. Difficulty thinking or concentrating or indecisiveness.	1	2	3	4	5
9. Difficulty falling or staying asleep.	1	2	3	4	5
10. Experience of recurring thoughts or dreams.	1	2	3	4	5

III. Stress Evaluation

Evaluate your stress relative to the following:

	None	Slight	Moderate	Considerable	Extensive
1. Family.	1	2	3	4	5
2. Significant Other.	1	2	3	4	5
3. Physical Health.	1	2	3	4	5
4. Finances.	1	2	3	4	5
5. Sex Life.	1	2	3	4	5
6. Work or School.	1	2	3	4	5
7. Coping with daily problems.	1	2	3	4	5

IV. Life Enjoyment

Rate the following statements with respect to frequency?

	Never	Rarely	Occasionally	Regularly	Constantly
1. Openness to guidance from your "inner voice/feelings."	1	2	3	4	5
2. Experience of peace, relaxation, ease or well-being.	1	2	3	4	5
3. Presence of positive feelings about yourself.	1	2	3	4	5
4. Interest in maintaining a healthy lifestyle (diet, fitness, etc.).	1	2	3	4	5
5. Feeling of being open, aware and connected when relating to others.	1	2	3	4	5
6. Level of confidence in your ability to deal with adversity.	1	2	3	4	5
7. Level of compassion for and acceptance of others.	1	2	3	4	5
8. Experience feelings of joy and happiness.	1	2	3	4	5
9. Experience gratitude.	1	2	3	4	5
10. Level of satisfaction with your sex life.	1	2	3	4	5
11. Satisfaction with the level of recreation in your life.	1	2	3	4	5
12. Time devoted to things you enjoy.	1	2	3	4	5

V. Overall Quality of Life

Evaluate your feelings relative to your quality of life:

	Unhappy	Mostly Dissatisfied	Mixed	Mostly Satisfied	Delighted
1. Your personal life.	1	2	3	4	5
2. Your wife/husband or "significant other."	1	2	3	4	5
3. Your romantic life.	1	2	3	4	5
4. Your job.	1	2	3	4	5
5. Your co-workers.	1	2	3	4	5
6. The actual work you do.	1	2	3	4	5
7. The handling of problems in your life.	1	2	3	4	5
8. What you are actually accomplishing in your life.	1	2	3	4	5
9. Your physical appearance – the way you look.	1	2	3	4	5
10. Your ability to adapt to change in your life.	1	2	3	4	5
11. Overall contentment with your life.	1	2	3	4	5