



# GETTING WELLER

In order to create a "game plan" for you to live life on your terms, its imperative that we get to know you on many different levels to help you overcome what is either holding you back or keeping you from being healthy. Most doctors ask questions based on your symptom(s) or pain opposed to understanding the many different aspects of your life. More importantly, the "why" of what is causing you to be in your current health conflict. As your doctor, I want to know and help you in ways that most physicians do not. Some of the questions within this health history questionnaire are personal to some, but know that your privacy and information will be held to the highest of standards.

My goal is to offer you a new lease on life by ensuring that your nerve system (your body), your thoughts (your mind) are all working together harmoniously. I believe that when you make you a priority, you begin to live a life filled with purpose and are able to take care of those that you love.

I want to personally thank you for choosing Getter Weller. You will learn a new way of living your life. A healthy body, mind and relationships is what life is all about.

Yours in Health,  
Dr. Eddie Weller

Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Cell Phone Carrier: AT&T Sprint Verizon T-Mobile

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Marital Status: S M D W Spouse's name: \_\_\_\_\_

# of Children: \_\_\_\_\_ Children's Name(s): \_\_\_\_\_

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Initials: \_\_\_\_\_

Who referred you or how did you hear about us? \_\_\_\_\_

What do you know about us: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Occupation: \_\_\_\_\_ Years on the job: \_\_\_\_\_

Please **circle** the all of the professionals seen (past & present):

Medical Doctor    Chiropractor    Osteopath    Physical Therapist    Psychologist  
Psychotherapist    Counselor    Other: \_\_\_\_\_

Please describe your major health issues/concerns that brings you to Getting Weller:

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Please list all of the medications / prescriptions you are currently taking:

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What supplements are you currently taking? \_\_\_\_\_

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List all of your surgeries and their dates:

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When was the last time you recall falling or hitting your head?

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When was the last time you were in a car accident or had a fall or sports injury?  
(please list all dates):

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What are some of the things your health or condition is keeping you from doing?

\_\_\_\_\_

Have you ever broken a bone? Which one(s): \_\_\_\_\_

Have you ever passed out (fainted) or been knocked unconscious? If so, how and when: \_\_\_\_\_

## Exercise Lifestyle

- I exercise \_\_\_\_\_ days a week. If so, describe? \_\_\_\_\_
- I routinely engage in healthy stress-relieving techniques
- I enjoy (yoga, aerobics, weight lifting, walking) types of exercising. (please circle)
- I physically feel bad after I exert myself
- I am not a fan of exercising

## Dietary Lifestyle

- I drink a minimum of 32oz (4 cups) of water a day
- I take daily vitamins or some other supplement(s)
- I eat fast food \_\_\_\_\_ days a week
- I eat pasta and/or bread more than twice a week
- I have a gluten sensitivity issue
- I have a dairy sensitivity issue
- I cook for my family
- I am allergic to: \_\_\_\_\_
- I am sensitive to artificial coloring in food
- I chew sugarless gum - what type? \_\_\_\_\_
- I need suggestions on healthy eating
- I crave sweets
- I consume caffeinated beverages - \_\_\_\_\_ days a week
- I use the microwave
- I drink diet soda
- I mostly consume organic / natural foods
- I consume energy drinks - \_\_\_\_\_ days a week
- I consume alcoholic beverages - \_\_\_\_\_ days a week



**Keep going! You are almost done.**

## Hygiene & Lifestyle

- I use fluoride-free toothpaste
- I use natural shaving cream and lotion
- I use aluminum-free deodorant
- I use organic shampoo
- I have mercury (amalgam) tooth fillings
- I go to bed with dishes in sink
- I watch TV in my bedroom prior to going to bed
- I change my home air filter every 90 days

## Sleep Lifestyle

How many pillows do you sleep with? \_\_\_\_\_ Is your bed:    Soft    Medium    Firm

What position do you sleep in? (please circle)    R side    L side    stomach    back    all

Do you sleep with a cervical / contour pillow?    Yes    No

How many hours do you sleep a night? \_\_\_\_\_

Do you wake rested? Yes / No

How long does it typically take you to fall asleep? \_\_\_\_\_

## Help Us Get To Know You...

- I like who I am
- I love my career / job
- I enjoy going out to dinner
- I am holding a grudge
- I wish my marriage / relationship was better



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Initials: \_\_\_\_\_

I am (please circle) an Introvert / Extrovert

While answering these questions, I feel... (please circle):    annoyed    anxiety    nervous  
no big deal    curious    frustrated    other: \_\_\_\_\_

Have you ever taken the "DISC" personality test?    Yes    No

Do you smoke?    Yes    No    if Yes, do you want to quit?    Yes    No

What is the most **stressful** part of your life?    (Circle ALL that apply)  
Spouse    Children    Work    Health    Friends    Finances    Past

Do you ever get depressed or have anxiety?    Yes    No

When was the last time you took a vacation? \_\_\_\_\_

What part of your life do you want to change the most? \_\_\_\_\_

Would you be interested in having a life coach or health coach?    Yes    No

Are you interested in changing your diet?    Yes    No

How many bowel movements do you have a day?    1    2    3+    Every other day    Every \_\_ days

Do you ever "pop" or "crack" your neck or back?    Yes    No

What is the best part of your life? \_\_\_\_\_

What do you fear most about your life? \_\_\_\_\_

If you no longer had your current health issue, what would life be like?

\_\_\_\_\_

If people were to talk about you, what would they say?

\_\_\_\_\_

What do you want to be known for?

\_\_\_\_\_

**Get ready to Get Weller!**

