

Patient No: \_

## Are you <u>currently</u> experiencing any of these symptoms? (Check all the apply) Many of the following conditions respond to Chiropractic and Acupuncture treatment.

General: (constitutional)	Gastrointestinal:	Endocrine, Hematologic, and
☐ Recent Weight Change	Loss of Appetite	Lymphatic:
☐ Fever	☐ Blood in Stool	☐ Thyroid problems
☐ Fatigue	☐ Change in Bowel Movements	☐ Diabetes
☐ None in this Category	☐ Painful Bowel Movements	☐ Excessive Thirst or urination
Musculoskeletal:	☐ Nausea or Vomiting	☐ Cold Extremities
Low Back Pain	☐ Abdominal Pain	☐ Heat or Cold intolerance
☐ Mid Back Pain	☐ Frequent Diarrhea	☐ Change in hat or glove size
☐ Neck Pain	☐ Constipation	☐ Dry skin
Arm Problems	Other:	☐ Glandular or hormone problem
Leg Problems	☐ None in this Category	☐ Swollen Glands
Painful Joints	Cardiovascular & Heart:	☐ Anemia
Stiff/Swollen Joints	Chest Pains	☐ Easily Bruise or Bleed
☐ Sore/Weak Muscles or Joints	Rapid or Heartbeat changes	☐ Phlebitis
☐ Muscle Spasms/Cramps	☐ Blood Pressure Problems	☐ Transfusion
☐ Broken Bones	Swelling of Hands, Ankles, or Feet	☐ Immune system disorder
Other:	Heart Problems	Other:
☐ None in this Category	Other:	☐ None in this Category
☐ None in inis Calegory		
Neurological:	☐ None in this Category	Skin and Breasts: Rash or Itching
☐ Numbness or tingling sensations	Respiratory:	
☐ Loss of Feeling	☐ Difficulty Breathing	<ul><li>☐ Change in Skin Color</li><li>☐ Change in hair or nails</li></ul>
☐ Dizziness or light headed	☐ Persistent Cough	
☐ Frequent or Recurrent Headaches	☐ Coughing Blood	☐ Non-healing sores
☐ Convulsions or seizures	☐ Asthma or Wheezing	Change of appearance of a mole
☐ Tremors	☐ Lung Problems	☐ Breast Lymn
☐ Stroke	Other:	☐ Breast Lump
☐ Have you ever had a head injury?	☐ None in this Category	☐ Breast Discharge
☐ Ever been in an auto accident?	Eyes and Vision:	Other:
☐ Other:	☐ Wear contacts/glasses	☐ None in this Category
☐ None in this Category	Blurred or double vision	Women Only:
Mind/Stress:	☐ Glaucoma	Are you pregnant?
Nervousness	☐ Eye disease or injury	Yes - Due Date / /
☐ Depression	☐ Other:	
☐ Sleep Problems	None in this Category	No - Last Menstrual Period
☐ Memory Loss or Confusion	_	//
Other:	Ears, Nose and Throat:	☐ Infertility
☐ None in this Category	☐ Bleeding gums / mouth sores	☐ Painful or Irregular periods
• •	☐ Bad Breath or bad taste	☐ Vaginal Discharge
Genitourinary:	☐ Dental Problems	Other:
Sexual Difficulty	Swollen throat or voice change	☐ None in this Category
☐ Kidney Stones	Swollen glands in neck	,
☐ Burning/Painful Urination	Ringing in the ears	Pregnancies with Outcome & Date:
Change in force/strain w Urination	☐ Ear - Ache/Ringing/Drainage	
Frequent Urination	☐ Sinus / Allergy problems	
☐ Blood in Urine	☐ Nose Bleeds	
☐ Incontinence or Bed Wetting	☐ Hearing Loss	
Other:	Other:	
☐ None in this Category	☐ None in this Category	
Comments:		
I have read the above information and certify:	it to be true and correct to the best of my knowledge, o	and hereby authorize this office to provide me
	for the rapeutic services, in accordance with this state	
Patient or Guardian Signature		Date
Treating Doctor Signature		