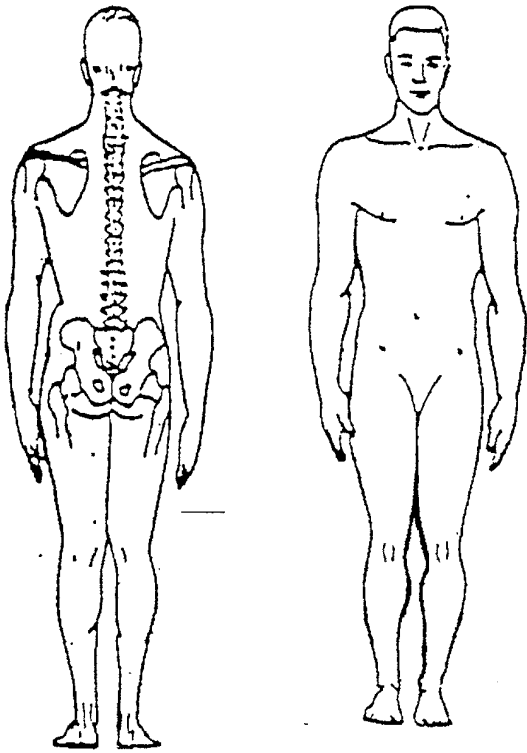


PLEASE MARK AN X ON THE DIAGRAM  
WHERE YOUR PROBLEMS ARE



What hurts and how long has it hurt?

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List your chief complaints in order of severity

1. 

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2. 

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3. 

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4. 

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List other Chiropractic or Medical Doctors you have consulted for these conditions.

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Check any of the following you have had in the last six months:

|                               |                               |
|-------------------------------|-------------------------------|
| Headaches                     | Numbness                      |
| Sinus Congestion / Allergies  | Frequent Nausea / Vomiting    |
| Vision Problems               | Abdominal Cramps              |
| Ear aches                     | Constipation                  |
| Dizziness                     | Diarrhea                      |
| Heart Problems                | Poor / Excessive Appetite     |
| Lung Problems / Congestion    | Excessive Thirst              |
| Blood Pressure Problems       | Painful / Excessive Urination |
| Ankle Swelling                | Discolored Urine              |
| Prostate / Sexual Dysfunction | Diabetes                      |
| Menstrual Cycle Dysfunction   | Cancer                        |

What do you hope to get from chiropractic care? 

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Are you pregnant?      ( ) Yes      ( ) No      ( ) Not Sure