

Please check the appropriate box for any of the following symptoms you have or have been diagnosed with in the past. We would like to have a thorough understanding of your health before we begin treatment. This is a confidential health report, please complete all fields to the best of your knowledge.

**Pain or numbness in:**

- Shoulders
- Arms
- Elbows
- Hands
- Hips
- Legs
- Knees
- Feet
- Swollen Joints

**Muscle & Joint**

- Arthritis
- Bursitis
- Foot Trouble
- Low Back Pain
- Pain Between Shoulders

**For Women Only:**

- Congested Breasts
- Cramps or Backache
- Excessive Menstrual Flow
- Hot Flashes
- Irregular Cycle
- Lumps in Breasts
- Menopausal Symptoms
- Miscarriage
- Painful Menstruation

**Conditions**

- Alcoholism
- Anemia
- Appendicitis
- Cancer
- Diabetes
- Eczema
- Emphysema
- Goiter
- Gout
- Heart Disease
- Multiple Sclerosis
- Polio
- Rheumatic Fever
- Stroke
- Tuberculosis
- Ulcers

**Genito-Urinary**

- Bed Wetting
- Blood In Urine
- Frequent Urination
- Kidney Infection
- Kidney Stones
- Painful Urination

**Respiratory**

- Chest Pain
- Chronic Cough
- Difficult Breathing
- Spitting Up Blood
- Spitting Up Phlegm
- Wheezing

**Gastro-Intestinal**

- Colon Trouble
- Gall Bladder
- Hemorrhoids
- Liver Trouble
- Pain Over Stomach

**Cardiovascular**

- Hardening of Arteries
- High Blood Pressure
- Low Blood Pressure
- Pain Over Heart
- Poor Circulation
- Rapid Heart Beat
- Slow Heart Beat

**General**

- Allergy
- Convulsion
- Dizziness
- Fainting
- Headache
- Numbness

**ENT**

- Asthma
- Earaches
- Ear Noises
- Eye Pain
- Sore Throat
- Nose Bleed
- Sinus Infection

Please answer the following questions to the best of you ability:

**Date of Last:**

- Spinal Exam: \_\_\_\_\_
- Physical Exam: \_\_\_\_\_
- X-rays: \_\_\_\_\_
- Lab Test: \_\_\_\_\_

**Do you use:**

- Alcohol: Yes No
- Coffee: Yes No
- Tobacco: Yes No
- Exercise: Yes No
- Medications: Yes No

To the best of my knowledge, all information I have given is accurate, and I have read the case history questions entirely.

**Signature:**

**Date:**

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