

Below is a list of conditions which may seem unrelated to the purpose of your appointment. However, there are many conditions that respond favorably when treatment is given that increases your body's ability to function correctly. This office specializes in such treatment and if you wish, an individualized program will be suggested. Please check the symptoms you have experienced in either (or both) of the chronic (recurrent symptoms) or acute (symptoms you have now). Leave the question blank if neither acute or chronic symptoms are present.

PART 1 : Gastrointestinal

Acute Chronic

- _____ Digestive complaints
- _____ Stomach complaints
- _____ Ulcers
- _____ Frequent heartburn
- _____ Nausea
- _____ Frequent diarrhea
- _____ Frequent constipation
- _____ Irritable bowel
- _____ Hemorrhoids
- _____ Frequent vomiting
- _____ Colitis/diverticulitis
- _____ Black or bloody stool
- _____ Gallbladder trouble
- _____ Frequent burping/belching

PART 2 : Immune Response

Acute Chronic

- _____ Frequently sick
- _____ Frequent swollen glands/sore throats
- _____ Depression and/or anxiety
- _____ Achy joints/muscle pain
- _____ Headaches/migraines
- _____ Recurrent digestive complaints
- _____ Chronic fatigue
- _____ Food allergies
- _____ Eczema or hives
- _____ Allergies (mild / moderate / severe)

PART 3 : Structural/Neurological

Acute Chronic

- _____ Headaches
- _____ Muscle cramps/muscle spasms
- _____ Neck pain
- _____ Jaw pain
- _____ Dizziness
- _____ Back pain
- _____ Shoulder / elbow / wrist pain (circle one)
- _____ Numbness/Tingling
- _____ Tremors in hands or feet
- _____ Knee pain / Hip pain (circle one)
- _____ Joint pain or loss of function

- _____ Osteoporosis/Osteomalacia
- _____ Current bone fracture or injury
- _____ Tendonitis/Bursitis

PART 4 : Cardiovascular

Acute Chronic

- _____ Irregular heartbeat
- _____ Heart murmur/palpitations
- _____ High or low blood pressure
- _____ Chest pain
- _____ Previous heart trouble
- _____ Poor circulation
- _____ Previous heart surgery
- _____ Varicose or spider veins
- _____ Hands and feet cold all the time

PART 5 : Respiratory

Acute Chronic

- _____ Chronic cough
- _____ Asthma
- _____ Emphysema
- _____ Recurrent head colds
- _____ Recurrent sinus infections
- _____ Recurrent bronchitis
- _____ Smoker

PART 6 : Genito-Urinary

Acute Chronic

- _____ Too frequent urination
- _____ Discolored or foul-smelling urine
- _____ Blood in urine
- _____ Recurrent kidney or bladder infections
- _____ Kidney stones
- _____ Bedwetting
- _____ Inability to control bladder