

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 7 : Eyes/Ears

Acute Chronic

- _____ Recurrent ear infections
- _____ Eye infection
- _____ Slowly losing vision
- _____ Floaters in eyes
- _____ Glaucoma
- _____ Macular degeneration
- _____ Cataracts
- _____ Diabetic retinopathy

PART 8 : For Men Only

Acute Chronic

- _____ Prostate trouble
- _____ Urination problems
- _____ Reproductive problems

PART 9 : For Women Only

Acute Chronic

- _____ Recurrent urinary tract infections
- _____ Yeast infections
- _____ Vaginal discharge
- _____ Menstrual irregularity
- _____ Cramping
- _____ Mood swings/depression
- _____ Pre-menstrual syndrome
- _____ Infertility
- _____ Frequent miscarriages
- _____ Hot flashes
- _____ Currently taking hormone medication
- _____ Currently taking birth control pills
- _____ Lumps in breast
- _____ Uterine cysts/ovarian cysts
- _____ Bladder leaks too easily
- _____ Endometriosis

PART 10 : Endocrine (Glandular)

Acute Chronic

- _____ Cold hands and feet
- _____ Low blood pressure
- _____ Weight problems (over or under)
- _____ Thyroid problems
- _____ Diabetes
- _____ Irritable if meals are missed
- _____ Anxiety/nervousness/irritability
- _____ Dizzy upon standing too quickly
- _____ Weak and shaky
- _____ Hyperactive behavior
- _____ Depression
- _____ Very susceptible to infections
- _____ Frequent headaches
- _____ Digestive complaints

Are there any other health concerns you d like to discuss?

My Goals as a patient are:

- ___ I am here for Pain relief only.
- ___ I m here for pain relief, but have other health issues I would like to address.
- ___ I am here to improve my overall health.

I agree to be responsible for all cost incurred at this office.

Patient s signature

Date