



Main problem you would like our help with: \_\_\_\_\_  
\_\_\_\_\_

How long ago did this problem begin? \_\_\_\_\_

Has anything helped?    Y        N        If yes, please explain: \_\_\_\_\_

**Are there any other problems that you would like us to address?:** \_\_\_\_\_  
\_\_\_\_\_

Please indicate where you have pain or other symptoms:

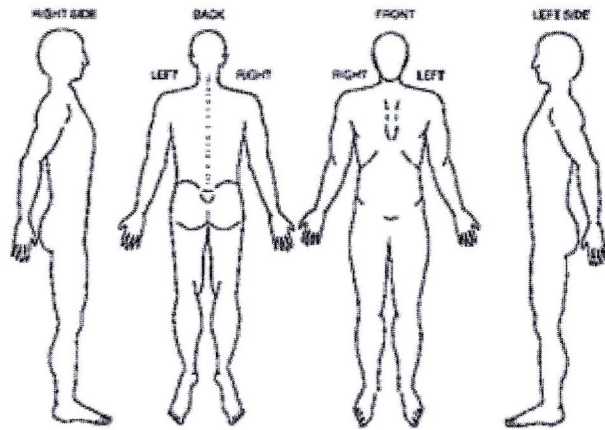
Type of pain:

Sharp         Dull         Throbbing

Aching         Shooting     Numbness

Burning         Tingling     Cramps

Stiffness         Swelling     Other



Pain Level: 1(least) - 10(most) \_\_\_\_\_

**LIFESTYLE - because, YES, it makes a difference!**

Do you follow any type of special diet? If yes, what type of diet and how long? \_\_\_\_\_

**HABITS**

Smoking    Packs/Day \_\_\_\_\_         Coffee/Cups per day \_\_\_\_\_    Pop/Cans per day \_\_\_\_\_

Alcohol    Drinks/Week \_\_\_\_\_         Artificial Sweeteners                 Sugar

Water (8oz)    Cups/Day \_\_\_\_\_         Work        Hours a week \_\_\_\_\_

Exercise    Hours a week \_\_\_\_\_         Sitting     Standing     Light Labor     Heavy Labor

Type(s) of Exercise \_\_\_\_\_        Stress Level     High         Moderate     Low

How do you manage your stress (ie meditation, yoga, tai chi, etc) \_\_\_\_\_

**PERSONAL MEDICAL HISTORY**

Height: \_\_\_\_\_        Current Weight: \_\_\_\_\_        Weight history: \_\_\_\_\_

Please list hospitalizations and surgeries with approximate dates: \_\_\_\_\_  
\_\_\_\_\_

Cancer/Tumors: \_\_\_\_\_

Vaccinations/Recent Injections (please list): \_\_\_\_\_

Communicable/Contagious conditions: (If yes, please list): \_\_\_\_\_

Please list any significant trauma (accidents, falls, loss, etc): \_\_\_\_\_



Endocrine

- Diabetes
- Thyroid Trouble
- Liver/Gall Bladder Trouble

Cardiovascular:

- High blood pressure
- Spider/varicose veins
- Chest pains
- Low blood pressure
- Swelling of extremities
- Palpitations
- Irregular heart beat
- Blood clots
- Fainting
- Anemia
- High Cholesterol
- Stroke
- Heart Disease of History of Heart Attack

Respiratory:

- Asthma
- Recurrent bronchitis
- Shortness of breath
- Phlegm produced: Color \_\_\_\_\_
- Chronic cough
- Pneumonia
- Pain with deep breath
- Difficulty Breathing
- Coughing blood
- Chest tightness
- Phlegm stuck in chest

Gastro-Intestinal:

- Nausea
- Bad breath
- Constipation
- Excessive appetite
- Vomiting
- Bleeding gums
- Hemorrhoids
- Poor appetite
- Indigestion/Belching
- Bloating
- IBS
- Hernia
- Acid Reflux
- Gas
- Abdominal pain
- Colitis
- Diarrhea
- Laxative use
- Crohn's Disease
- Ulcers

Genitourinary:

- Frequent Urination
- Pain upon urination
- Kidney stones
- Blood in urine
- Recurrent UTI
- Kidney/Bladder infections
- Waking up to urinate-times per night \_\_\_\_\_

Female Reproductive and Gynecological:

- Are you pregnant?    Y    N    What trimester are you in? \_\_\_\_\_ # of previous pregnancies \_\_\_\_\_
- Menstrual clots
  - Irregular periods
  - Endometriosis
  - Pre-menstrual cramps
  - PCOS
  - Breast soreness/cysts
  - Ovulation pain
  - Uterine fibroids

Psychological and Emotional and Mental Health:

- Anxiety
- Sadness
- Fearful
- Excessive worry
- Depression
- Bad temper
- Grief
- Panic attacks
- Easily stressed
- Other \_\_\_\_\_

Musculoskeletal:

- Muscle tightness
- Sprain/strain
- Carpal tunnel
- Osteoporosis
- Muscle soreness
- Tendonitis
- Restricted mobility
- Numbness
- Muscle spasm
- Bursitis
- Sciatica
- Fibromyalgia
- Osteoarthritis
- Rheumatoid Arthritis
- Neuropathy

Comments: Please use this section to describe anything else that hasn't already been addressed on this form.

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