

Check any of the following you have had in the past 6 months:

Musculo-Skeletal

- Low Back Pain
- Pain between Shoulders
- Neck Pain
- Arm Pain
- Joint Pain/Stiffness
- Walking Problems
- Difficult Chewing/Clicking Jaw

Nervous System

- Nervous
- Numbness
- Paralysis
- Dizziness
- Forgetfulness
- Confusion/Depression
- Fainting
- Convulsions
- Cold/Tingling Extremities
- Stress

General

- Fatigue
- Allergies
- Loss of Sleep
- Fever
- Headaches

CVR

- Chest Pain
- Short Breath
- Blood Pressure Problems
- Irregular Heartbeat
- Heart Problems
- Lung Problems/Congestion
- Varicose Veins
- Ankle Swelling
- Stroke

Gastro-Intestinal

- Poor/Excessive Appetite
- Excessive Thirst
- Frequent Nausea
- Vomiting
- Diarrhea
- Constipation
- Hemorrhoids
- Liver Problems
- Gall Bladder Problems
- Weight Trouble
- Abdominal Cramps
- Gas/Bloating after Meals
- Heartburn
- Black/Bloody Stool
- Colitis

EENT

- Vision Problems
- Dental Problems
- Sore Throat
- Ear Aches
- Hearing Difficulty
- Stuffed Nose

Genito-Urinary

- Bladder Trouble
- Discolored Urine
- Painful/Excessive Urination

Female/Male

- Menstrual Irregularity
- Menstrual Cramps
- Vaginal Pain/Infection
- Breast Pain/Lumps
- Prostate/Sexual Dysfunction

HIV Positive

- Yes No

Intake

- Coffee Tea
- Alcohol Cigarettes

Females Only:

Are you Pregnant? Yes Due Date: _____ When was your last period? _____
 No Please sign the following waiver.

I hereby notify all concerned that I neither suspect nor know positively at this time that I may be or am pregnant. I release this clinic from any and all damages arising from any and all procedures of a diagnostic or treatment nature with reference to the possibility of pregnancy.

Patient Signature

Date

I hereby authorize the Doctor(s) to treat my condition as s/he deems appropriate through use of manipulation throughout my spine.

Patient Signature _____ Date _____

Parent or Guardian's Signature if Patient is under the age of 18 _____

Spouse or Personal Representative Signature if Patient is unable to sign _____