

J.V CHIROPRACTIC

Please mark an X on the diagram where your problems are?

Briefly describe your health issues?

When did it start?

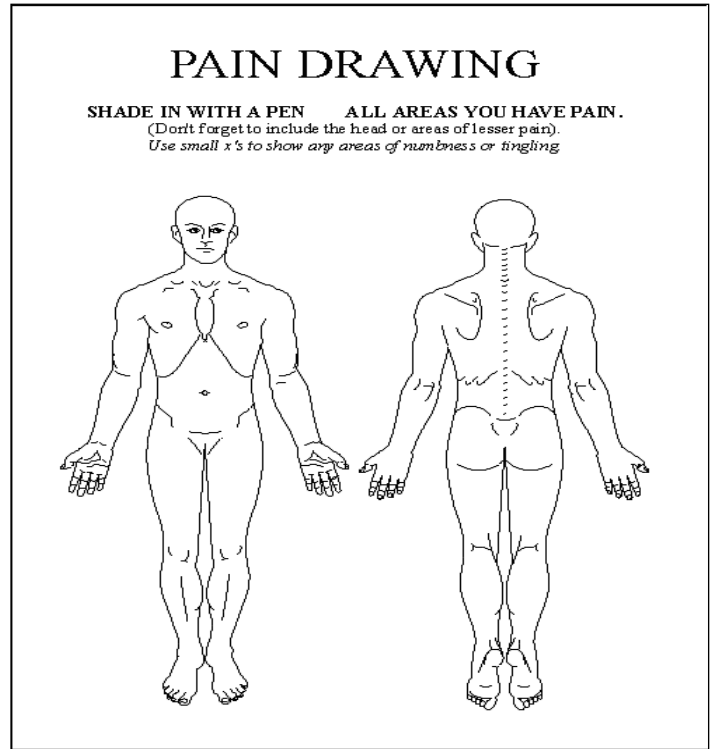
What caused it?

What makes it better and/or worse?

What percentage of the day does it bother you?

(Circle) 0% 25% 50% 75% 100%

List other Chiropractic or Medical Doctors you have consulted for these conditions?



Please mark on the line, the pain level that most accurately represents your pain for each body area: neck (n) mid-back (mb) low-back (lb) headaches (ha) shoulder (sh) knee (kn)

	0	1	2	3	4	5	6	7	8	9	10
Right now:	none										unbearable
On Average:	none										unbearable
At its worst:	none										unbearable

Check any of the following you have had in the past six months?

- () Headaches
- () Sinus congestion/allergies
- () Vision Problems
- () Ear Aches
- () Dizziness
- () Heart Problems
- () Lung Problems/Congestion
- () Blood pressure Problems
- () Ankle Swelling
- () Prostate/ Sexual Dysfunction
- () Menstrual Cycle Dysfunction
- () Numbness
- () Frequent Nausea Vomiting
- () Abdominal Cramps
- () Constipation
- () Diarrhea
- () Poor/Excessive Appetite
- () Excessive Thirst
- () Painful/Excessive Urination
- () Discolored Urine
- () Diabetes
- () Cancer

Women: Are you pregnant? () Yes () No () Not Sure

Do you feel you have a pretty good understanding of what CHIROPRACTIC is? YES NO
 Have you ever been under a spinal care program before? No Yes- Describe: _____