

PLEASE COMPLETE ALL INFORMATION REQUESTED BELOW

Conditions/Problem	Always	Sometimes	Never	Doctor notes
Headaches				
Migraines				
Neck Pain				
Shoulder Pain				
Arm/Hand Pain				
Mid Back Pain				
Low Back Pain				
Hip Pain				
Leg/Foot Pain				
Disc Problems				
Arthritis				
Other Joint Pain				
Numbness				
Joint Swelling				
Dizziness				
Nausea				
Weakness/Fatigue				
Nervousness				
Insomnia				
Heart Problems				
Vision Changes				
Nose Bleeds				
Ringing in Ears				
Hearing Loss				
Cough				
Chest Pains				
Female Problems				
Allergies				
Asthma				
Cancer				
Osteoporosis				
Diabetes				
Hypoglycemia				
Digestive Problems				
Urinary Problems				

Name: _____
 (Print please)

Date: _____