

HEALTH SURVEY

PURPOSE: To determine if any health problems you are having may be caused by stress.

Name _____ Age _____ Phone (Home) _____ (Work) _____

Address _____ City _____ State _____ ZIP _____

Occupation _____ # Hours per week currently working _____

Spouse Occupation _____ # Hours per week currently working _____

I. Circle the number of any of the following symptoms you have experienced in the past 4 months.

- | | | |
|---------------------------------|-------------------------|---|
| 1) Low back pain | 8) Shoulder Pain | 15) Weight Trouble |
| 2) Neck Pain | 9) Hip Pain | 16) Tension Across the Top of Shoulders |
| 3) Pain Between Shoulder Blades | 10) Knee Pain | 17) Tingling / Numbing in Arms or Hands |
| 4) Headaches | 11) Ankle / Foot Pain | 18) Tingling / Numbing in Legs or Feet |
| 5) Tired or Fatigued | 12) Ringing in the ears | 19) Dizziness |
| 6) Wrist / Hand Pain | 13) Allergies | 20) Nervousness |
| 7) Elbow Pain | 14) Digestive Troubles | 21) Difficulty Sleeping |

Which one of the above symptoms is worst? _____ How long have you had it? _____

When it is at its worst, how does it feel? _____

What medication are you taking for it? _____

II. Circle how this causes you to act.

- 1) Moody 2) Irritable 3) Interrupts Sleep 4) Restricted on daily activities 5) Other _____

III. Circle how this bothers you at work.

- 1) Decision Making 2) Exhausted at End of Day 3) Decreased Productivity
4) Poor Attitude 5) Unable to Work Long Hours 6) Other _____

IV. Circle how this hinders your life.

- 1) Lose patience with spouse or children 2) Hinders ability to exercise or participate in sports
3) Restricted household duties 4) Interferes with ability to participate in hobbies or other desired activities
5) Other _____

If you circled any of the above items then you could be suffering from

EXCESSIVE STRESS, STRUCTURAL MISALIGNMENT or PINCHED NERVES.

Chiropractic can help you because Chiropractic Doctors treat the body gently, naturally and without drugs to remove your stress and imbalances that CAUSE health problems.

WOULD YOU LIKE TO GET RID OF THE PROBLEM? YES? _____ NO? _____

If your answer is YES there are several alternatives available to you. Please circle the item most appropriate for you.

- 1) I would like to come to the Doctor's office for a complete evaluation. This will allow me to find out if I can be helped by Chiropractic care.
2) I would like the Doctor to call me to discuss my health problems before making an appointment.

Do you have insurance? YES? _____ NO? _____ HMO or PPO? _____