



# HEALTH QUESTIONNAIRE

PLEASE CHECK ANY SYMPTOMS YOU ARE EXPERIENCING NOW (mark with a ✓) AND ANY SYMPTOMS YOU HAVE EXPERIENCED IN THE PAST (mark with a X).

## MUSCULO-SKELETAL SYSTEM

- LOW BACK PROBLEMS
- PAIN BETWEEN SHOULDERS
- NECK PROBLEMS
- ARM PROBLEMS
- LEG PROBLEMS
- SWOLLEN JOINTS
- PAINFUL JOINTS
- STIFF JOINTS
- SORE MUSCLES
- WEAK MUSCLES
- WALKING PROBLEMS
- RUPTURES
- BROKEN BONES

## NERVOUS SYSTEM

- NUMBNESS
- LOSS OF FEELING
- PARALYSIS
- DIZZINESS
- FAINTING
- HEADACHES
- MUSCLE JERKING
- CONVULSIONS
- FORGETFULNESS
- CONFUSION
- DEPRESSION

## GENITO-URINARY SYSTEM

- BLADDER TROUBLE
- EXCESSIVE URINE
- PAINFUL URINATION
- SCANTY URINATION
- DISCOLOURED URINE

## GASTRO-INTESTINAL SYSTEM

- POOR APPETITE
- EXCESSIVE HUNGER
- DIFFICULT CHEWING
- DIFFICULT SWALLOWING
- EXCESSIVE THIRST
- NAUSEA
- VOMITING FOOD
- VOMITING BLOOD
- ABDOMINAL PAIN
- DIARRHEA
- CONSTIPATION
- BLACK STOOL
- BLOODY STOOL
- HEMORRHOIDS
- LIVER TROUBLE
- GALL BLADDER PROBLEMS
- WEIGHT TROUBLE

## CARDIO-VASCULAR-RESPIRATORY

- CHEST PAIN
- PAIN OVER HEART
- DIFFICULT BREATHING
- PERSISTENT COUGH
- COUGHING PHLEGM
- RAPID HEARTBEAT
- BLOOD PRESSURE PROBLEMS
- HEART PROBLEMS
- LUNG PROBLEMS
- VARICOSE VEINS

## OTHER SYMPTOMS

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\_\_\_\_\_  
\_\_\_\_\_

## EYE, EAR, NOSE, THROAT

- EYE STRAIN
- EYE INFLAMMATION
- VISION PROBLEMS ( SPOTS/  
BLURRING )
- EAR PAIN
- EAR NOISES
- HEARING LOSS
- EAR DISCHARGE
- NOSE PAIN
- NOSE BLEEDING
- NOSE DISCHARGE
- DIFFICULT BREATHING  
THROUGH NOSE
- SORE GUMS
- DENTAL PROBLEMS
- SORE MOUTH
- HOARSENESS
- DIFFICULT SPEECH

## FEMALES ONLY

- VAGINAL DISCHARGE
- VAGINAL BLEEDING
- VAGINAL PAIN
- BREAST PAIN
- LUMPS ON BREAST

## SIGNS OF SUBLUXATIONS

- LOW ENERGY LEVEL
- IRRITABILITY
- LOSS OF SLEEP
- MOOD SWINGS
- SLUGGISH BOWELS
- DISORIENTATION
- BURNING SENSATIONS
- SHARP, SHOOTING PAINS
- BRAIN "FOG"

**WOMEN- ARE YOU PREGNANT ?** YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE \_\_\_\_\_ DATE OF LAST PERIOD \_\_\_\_\_

## "YOU LIVE YOUR LIFE THROUGH YOUR NERVE SYSTEM"

**PLEASE NOTE:** OUR EXPERIENCE HAS SHOWN THAT MOST OF THE CONDITIONS WE FIND IN ADULTS ACTUALLY STARTED IN CHILDHOOD. FOR THIS REASON, WE ENCOURAGE YOU TO HAVE THE SPINES OF YOUR CHILDREN CHECKED.

**WOULD CHECKING YOUR CHILDREN INTEREST YOU?** YES \_\_\_\_\_ MAYBE \_\_\_\_\_ NO \_\_\_\_\_

CHILDREN NAMES / AGES / ANY APPARENT SYMPTOMS OR "INCURABLE" CONDITIONS (I.E.: EARACHES, ASTHMA, SLEEPING AND LEARNING DISORDERS, FREQUENT COLDS, EAR & THROAT INFECTIONS, BAD FALLS, NEED FOR ANTI-BIOTICS, VENTALIN, BED WETTING, DEFIANCE, APATHY, POOR CONCENTRATION).

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PLEASE READ AND SIGN THIS AGREEMENT. IT IS FOR YOUR PROTECTION.

I UNDERSTAND AND AGREE THAT ALL SERVICES RENDERED WILL BE CHARGED TO ME DIRECTLY; SUPPLEMENTARY INSURANCE FORMS WILL BE FILLED OUT FOR A NOMINAL FEE; I UNDERSTAND FEEES ARE PAYABLE AT THE TIME THE SERVICE IS RENDERED (as per agreement with staff).

**SIGNATURE:** \_\_\_\_\_

(if patient is a minor, name of parent or legal guardian)

**"The Power That Made The Body HEALS The Body"**