



Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship Status: Single Married Partner Separated Divorced Widow Widower  
 Spouse/Partner Name: \_\_\_\_\_ # of children \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Do you enjoy your job? Y N  
 Primary Reason for seeing us: \_\_\_\_\_  
 Have others helped you with the problem: \_\_\_\_\_  
 What are your expectations after the sessions: \_\_\_\_\_  
 Who can we **thank** for your being here (who referred you): \_\_\_\_\_

Check conditions listed below which you have experienced: Use P for over a year ago, C for current

METABOLISM

- Weight Gain
- Weight Loss
- High/Low BP
- Blood sugar
- Thyroid

SKIN

- Rash
- Eczema
- Dry Skin
- Acne
- Recent Botox
- Any recent substance Injection under skin

EYES/EARS/MOUTH

- Headaches
- Dizziness
- Ringing in Ears
- Blurred Vision
- Sinus Problems
- Difficulty Swallowing
- Mouth Sores

DENTAL

- Tooth Problems
- Root Canals
- Amalgam Fillings
- Difficulty chewing
- TMJ

CHEST

- Chest Pain
- Palpitations
- Cough
- Shortness of Breath
- Asthma

NEUROLOGIC

- Numbness or Tingling
- Weakness
- Insomnia
- Poor Balance

MALE

- Prostate
- Cancer

DIGESTION

- Heartburn
- Abdominal Pain
- Gas/Bloating
- Diarrhea
- Constipation
- Blood in stool
- History of Ulcers
- Colitis
- Liver Disease

URINARY

- Frequent Urination
- Difficulty starting Urination
- Urinary Incontinence

ALLERGIES

- Medications
- Chemicals
- Foods
- Plants

FEMALE

- Pregnant
- Problems with periods
- Cancer
- Breast Tenderness
- Breast Implants
- Menopausal Symptoms

STRUCTURAL

- Arthritis
- Bursitis
- Osteoporosis
- Foot/Ankle Swelling
- Blood Clots/Phlebitis
- Varicose Veins
- Recent Surgery
- Neck Pain/Problems
- Back Pain/Problems
- Sciatica

IMMUNE

- Chronic Fatigue
- Fibromyalgia
- Yeast Infections
- Past viral infections
- Past Strep or Mono
- Epstein- Barr
- Lyme