LAST N	IAME				FIRST NAME	MID	DIE	1,40
					<u> </u>	В		
		STATE						
EMPLO						CUPATION		
# OF C		HONE						
		ncy						
	3				NEPENNED DI			
What is	your major compla	int?						
Other o	complaints?							
How lo	ng have you had this	s condition? iile at work? Yes _ No	Have you ha	ad this or a similar cor	ndition in the past?			
Is this o	condition getting pro	gressively worse? Ye	es 🔲 No 🔲	Constant Com	es and Goes 🔲			i-
Pleas	e mark your areas	of pain on the figures b	elow.	Neck Proble		Sore Muscles Walking Problems	Allergie	
	(7, E)	\bigcap		Arm Problem		Broken Bones	Asthma	
				Numbness-A		Muscle Cramps	Exzema	
1	راديا) } (11.		Pain Betwee	n Shoulders	Weak Muscles Headaches	Shingle	
1 /	1			Low Back Pr	roblems	Dizziness	Nausea	
	1			Leg Problem	ns	Fainting	Ulcers	3
(4)	() ()	_ ([]]	181	Numbness-L	173	Forgetfulness	Diarrhe	
			0	Loss of Feeli	ing	Depression Vision Problems	Constip	
	Stiff J					Ear Pain/Noises	the state of the s	Infection al Cramps
1	111) [, (()()		Painful Joints		Ear Infections	Diabete	
) () () / 2116	1	Restricts Dai	gular Exercise	Hearing Loss	Blood P	Pressure
	00	90	1	nestricts neg	gular Exercise	Frequent Colds	High/Lo	
								aa /Caliarra
							Tiredne	ss/raugue
• This	s a new/old illness.	It was not/was treated be	fore.		From birth to pre	esent please list by date/des		ss/ratigue
If trea	ited before, what wa	s done?	fore.	s		COUNTY OF THE PROPERTY OF THE	scribe	
If tres	ated before, what was of Doctors:	s done?				esent please list by date/des	scribe	
Name Have List S	ated before, what was e of Doctors: you ever had surge surgeries:	s done?ry or been hospitalized?	Yes No		1) Car Accidents	COUNTY OF THE PROPERTY OF THE	scribe	
Name Have List S Have	ated before, what was of Doctors: you ever had surge surgeries: you ever had Chiro	ry or been hospitalized?	Yes No		Car Accidents Falls/Injuries	COUNTY OF THE PROPERTY OF THE	scribe	
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