

2415 N. TRIPHAMMER RD

ITHACA, NY 14850

(607)257-WELL (9355)

WWW.ITHACACHIROPRACTIC.COM

Health Survey

Name: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____

E-Mail: _____ Occupation: _____

Are you experiencing any of the following?

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Moody | <input type="checkbox"/> Attention Deficit Disorder | |
| <input type="checkbox"/> Blood Sugar | | |
| <input type="checkbox"/> Upset Stomach | <input type="checkbox"/> Numbness/ Tingling | |
| <input type="checkbox"/> Problems/ Diabetes | | |
| <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> In the arms or hands | |
| <input type="checkbox"/> Heart/ Circulatory | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Colds and/or |
| <input type="checkbox"/> infections | <input type="checkbox"/> dysfunction | |
| <input type="checkbox"/> Fatigued/ tired | <input type="checkbox"/> Allergies | |
| <input type="checkbox"/> Cancer | | |
| <input type="checkbox"/> Tension and/ or | <input type="checkbox"/> Sinus problems | |
| <input type="checkbox"/> Digestive Problems | | |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Joint |
| <input type="checkbox"/> Pain | | |
| <input type="checkbox"/> Female Disorders | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Leg |
| <input type="checkbox"/> pain/ Sciatica | | |
| <input type="checkbox"/> Low back pain | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Skin |

Problems

Which of the above symptoms is the worst?

How long have you had this discomfort?

Are any of the following affected when it is at its worst?

<input type="checkbox"/> Work	<input type="checkbox"/> Mood	<input type="checkbox"/> Home Life
<input type="checkbox"/> Time with children	<input type="checkbox"/> Attitude	<input type="checkbox"/> Hobbies
<input type="checkbox"/> Exercise/Sports	<input type="checkbox"/> School	<input type="checkbox"/> Sleep

Check here if you are not interested in getting a spinal examination and learning about health.