IMPORTANT: Please check all symptoms current and in the past 6 months.

HEAD:
- q Headache
  - q Sinus (allergy)
  - q Entire head
  - q Back of head
  - q Forehead
  - q Temples
  - q Migraine
- q Loss of memory
- q Light-headedness
- q Fainting
- q Light bothers eyes
- q Blurred vision
- q Double vision
- q Loss of balance
- q Dizziness
- q Loss of hearing
- q Pain in ears
- q Ringing in ears
- q Buzzing in ears

NECK:
- q Pain in the neck
- q Neck pain with movement
  - q Forward
  - q Backward
  - q Turn to left
  - q Turn to right
  - q Bend to left
  - q Bend to right
- q Pinched nerve in neck
- q Neck feels out of place
- q Muscle spasms in neck
- q Grinding sounds in neck
- q Popping sounds in neck
- q Arthritis in neck

SHOULDERS:
- q Pain in shoulder joint R L
- q Pain across shoulders
- q Arthritis R L
- q Can t raise arm
  - q Above head
  - q Above shoulder level
- q Tension in shoulders
- q Pinched nerve in shoulder
- q Muscle spasms in shoulders

ARMS & HANDS:
- q Pain in upper arm
- q Pain in elbow
- q Tennis elbow
- q Pain in forearm
- q Pain in fingers
- q Pins & needles sensations in hands
- q Numbness in hands/arms
- q Fingers go to sleep
- q Hands cold
- q Swollen joints in fingers
- q Loss of grip strength

MID-BACK:
- q Mid-back pain
- q Pain between shoulder blade
- q Sharp and stabbing
- q Dull ache
- q Muscle spasms
- q Pain in kidney area

CHEST:
- q Chest pain
- q Shortness of breath
- q Pain around ribs
- q Breast pain

ABDOMEN:
- q Nervous stomach
- q Can t eat _____
- q Nausea
- q Gas
- q Constipation
- q Diarrhea

LOW BACK:
- q Low back pain
- q Low back pain is worse:
  - q Working
  - q Standing
  - q Sitting
  - q Bending
  - q Coughing
  - q Lying down
- q Pain relieves when _____
- q Slipped disk
- q Muscle spasms

HIPS, LEGS & FEET:
- q Pain in buttocks
- q Pain in hip joint
- q Pain down leg R L
- q Knee pain
  - q Inside
  - q Outside
- q Leg cramps
- q Pins & needles in feet
- q Numbness of feet/toes
- q Swollen ankles

GENERAL:
- q Diabetes
- q Hypoglycemia
- q High blood pressure
- q Personal history of cancer
- q Family history of cancer
- q History of stroke

- q Nervousness
- q Depressed
- q Fatigue
- q Loss of weight _____ lbs
- q Coffee _____ cups/day
- q Cigarettes _____ pack/day

ANYTHING ADDITIONAL?:

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HealthQuest Chiropractic, LLC