Loc:	Date:	Therapist:	Appt Date:	Time:

HEALTH & STRESS SURVEY

PURPOSE: To determine if any health problems you may be having are due to stress or pinched nerves.

Please print clearly!

Name_____Age_____Phone (home) _____Cell_____
Address_____City_____St_____Zip_____
Occupation_____: Hours per week currently working_____

1. Check off any of the following symptoms you have experienced in the past 6 months:

_ Low back pain	_ Elbow pain	_ Tension across top of shoulders	_ Allergies
_ Dizziness	_ Shoulder Pain	_ Pain between shoulder blades	_ Digestive problems
_ Neck pain	_ Hip pain	_ Numbness or tingling in arms	_ Weight problems
_ Tension headaches	_ Knee pain	_ Numbness or tingling in legs	_ Nervousness
_ Tired / Fatigued	_ Ankle / Foot pain	_ Difficulty sleeping	
_ Wrist / Hand pain	_ Ringing in ears		

Which of the above is worse? _____
How long have you had it? _____
When it is at its worse, how does it feel? Sharp _____Dull_____
Is the pain constant or does it come and go? _____
What medication are you taking for it? _____

2. Does this cause you to be:
   - _ Moody
   - _ Irritable
   - _ Interrupt sleep
   - _ Restricted on daily activities

3. Does this affect your work:
   - _ Decision making
   - _ Poor attitude
   - _ Decreased productivity
   - _ Exhausted at end of the day
   - _ Unable to work long hours

4. Does this affect your life:
   - _ Lose patience with spouse or children
   - _ Restricted household duties
   - _ Hinders ability to exercise or participate in sports

If you checked any of the above items, then you could be suffering from:

EXCESSIVE STRESS ***STRUCTURAL MISALIGNMENT*** ***PINCHED NERVES***

WE CAN HELP YOU! Because Chiropractic Doctors gently treat the body, naturally, without drugs to remove the stress and imbalances that CAUSE health problems.

WOULD YOU LIKE TO GET RID OF THE PROBLEM? _____Yes _____No

If your answer is yes, there are several alternatives available to you. Please check the item most appropriate for you.

___I would like to come to the doctor's office for a complete evaluation. There is NO CHARGE for this examination. This will allow me to find out if I can be helped by Chiropractic without any financial barriers.
___I would like to come to a class on Stress and Wellness.
___I would like the Doctor to call me to discuss my health problems before making an appointment.

Do you have insurance? ____Yes _____No Circle one: HMO PPO Not Sure

Insurance Company? _____