

HEALTH SURVEY

Purpose: To determine if any health problems you are having may be caused by stress.

Name _____ Age _____

Phone (Cell) _____ (Home) _____ (Work) _____ (Ext) _____

Address _____ City _____ State _____ Zip _____

Email Address: _____ What is the best way to contact you? _____

Occupation _____ # Hours per week currently working _____

Spouse Occupation _____ # Hours per week currently working _____

I. Circle the number of any of the following symptoms experienced in the past 6 months.

- | | | |
|---------------------------------|------------------------|---|
| 1) Low Back pain | 8) Shoulder pain | 15) Weight trouble |
| 2) Neck Pain | 9) Hip Pain | 16) Tension across the top of shoulders |
| 3) Pain between shoulder blades | 10) Knee Pain | 17) Tingling / Numbing in arms or hands |
| 4) Headache / tension | 11) Ankle / Foot pain | 18) Tingling / Numbing in legs or feet |
| 5) Tired or Fatigued | 12) Ringing in ears | 19) Dizziness |
| 6) Elbow Pain / Hand Pain | 13) Allergies | 20) Nervousness |
| 7) Elbow Pain | 14) Digestive Troubles | 21) Difficulty Sleeping |

Which one of the above symptoms is worst? _____ How long have you had it? _____

When it is at its worse, how does it feel? _____

II. Circle how this causes you to act.

- 1) Moody 2) Irritable 3) Interrupted Sleep 4) Restricted on daily activities 5) Other _____

III. Circle how this affects you at work.

- 1) Decision Making 2) Exhausted at End of Day 3) Decreased concentration
4) Poor Attitude 5) Unable to work long hours 6) Other _____

IV. Circle how this affects your home life.

- 1) Lose patience with spouse or children 2) Hinders ability to exercise or participate in sports
3) Restricted household duties 4) Interferes with ability to participate in hobbies or other desired activities
5) Other _____

If you circled any of the above items then you could be suffering from

EXCESSIVE STRESS, STRUCTURAL MISALIGNMENT or PINCHED NERVE.

We treat the body gently, naturally and without drugs to remove your stress and imbalances that CAUSE health problems.

WOULD YOU LIKE TO GET RID OF THE PROBLEM? YES? _____ No? _____