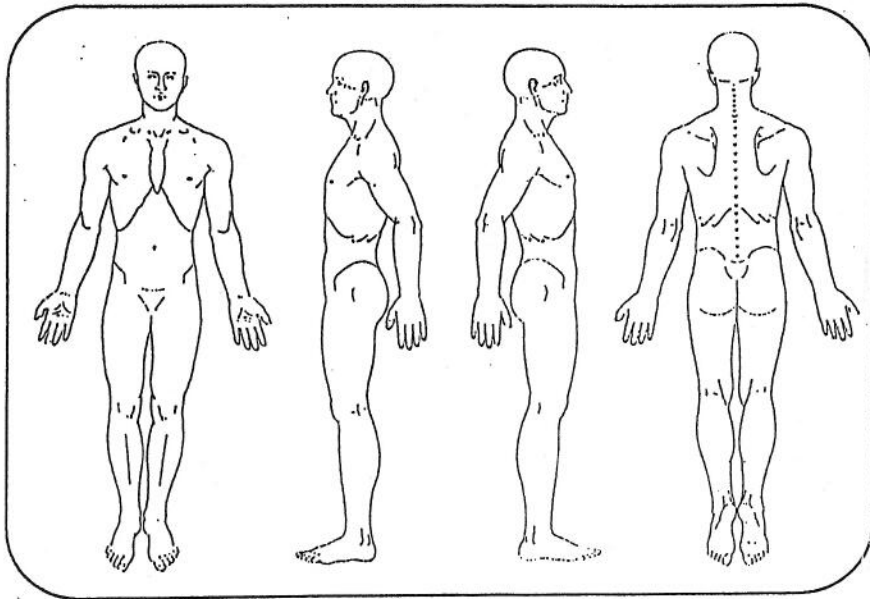


If you are in pain, please mark the exact location(s) in the box below.



MAJOR PROBLEMS:

causes:

similar episodes or treatment :

PRESENT SYMPTOMS:

HEAD

- ____ HEADACHE
- ____ BACK OF HEAD
- ____ FOREHEAD
- ____ TEMPLES
- ____ MIGRAINE
- ____ LIGHT-HEADEDNESS
- ____ FAINTING
- ____ LIGHTS BOTHER EYES
- ____ LOSS OF SMELL
- ____ DIZZINESS
- ____ HEARING PROBLEMS

ARMS AND HANDS

- ____ PAIN IN UPPER ARM (R-L)
- ____ PAIN IN FOREARM (R-L)
- ____ PAIN IN HANDS (R-L)
- ____ PAIN IN FINGERS (R-L)
- ____ PINS & NEEDLES (WHERE _____)
- ____ HANDS COLD
- ____ SWOLLEN JOINTS IN FINGERS
- ____ ARTHRITIS IN FINGERS
- ____ LOSS OF GRIP STRENGTH

LOW BACK

- ____ PAIN
- ____ WORKING
- ____ LIFTING
- ____ STOOPING
- ____ STANDING
- ____ SITTING
- ____ BENDING
- ____ COUGHING
- ____ ARTHRITIS

NECK

- ____ PAIN IN NECK
- ____ STIFF NECK
- ____ GRATING SOUNDS IN NECK
- ____ GRINDING SOUNDS IN NECK
- ____ ARTHRITIS IN NECK

CHEST

- ____ CHEST PAIN
- ____ SHORTNESS OF BREATH
- ____ PAIN AROUND RIBS
- ____ ABODOMEN
- ____ NERVOUS STOMACH
- ____ NAUSEA
- ____ GAS
- ____ CONSTIPATION
- ____ DIARRHEA

HIPS, LEGS & FEET

- ____ PAIN IN BUTTOCKS (R-L)
- ____ PAIN IN HIP (R-L)
- ____ PAIN DOWN LEG (R-L)
- ____ PAIN IN KNEE (R-L)
- ____ NUMBNESS OF LEG (R-L)
- ____ NUMBNESS OF FEET (R-L)
- ____ NUMBNESS OF TOES (R-L)
- ____ FEET FEEL COLD (R-L)
- ____ SWOLLEN ANKLES (R-L)
- ____ SWOLLEN FEET (R-L)

SHOULDERS

- ____ TENSION (R-L)
- ____ PAIN (R-L)
- ____ ARTHRITIS (R-L)
- ____ CAN'T RAISE ARM
- ____ ABOVE SHOULDER LEVEL
- ____ OVER HEAD

MENSTRUAL CYCLE

- ____ CRAMPING
- ____ IRREGULARITY
- ____ DURATION
- ____ LIGHT
- ____ MODERATE
- ____ HEAVY
- ____ PREGNANCY

GENERAL

- ____ NERVOUSNESS
- ____ IRRITABLE
- ____ DEPRESSED
- ____ FATIGUE/RUN DOWN
- ____ LOSS/INCREASE OF SLEEP
- ____ LOSS/GAIN WEIGHT

MID-BACK

- ____ PAIN BETWEEN SHOULDERS