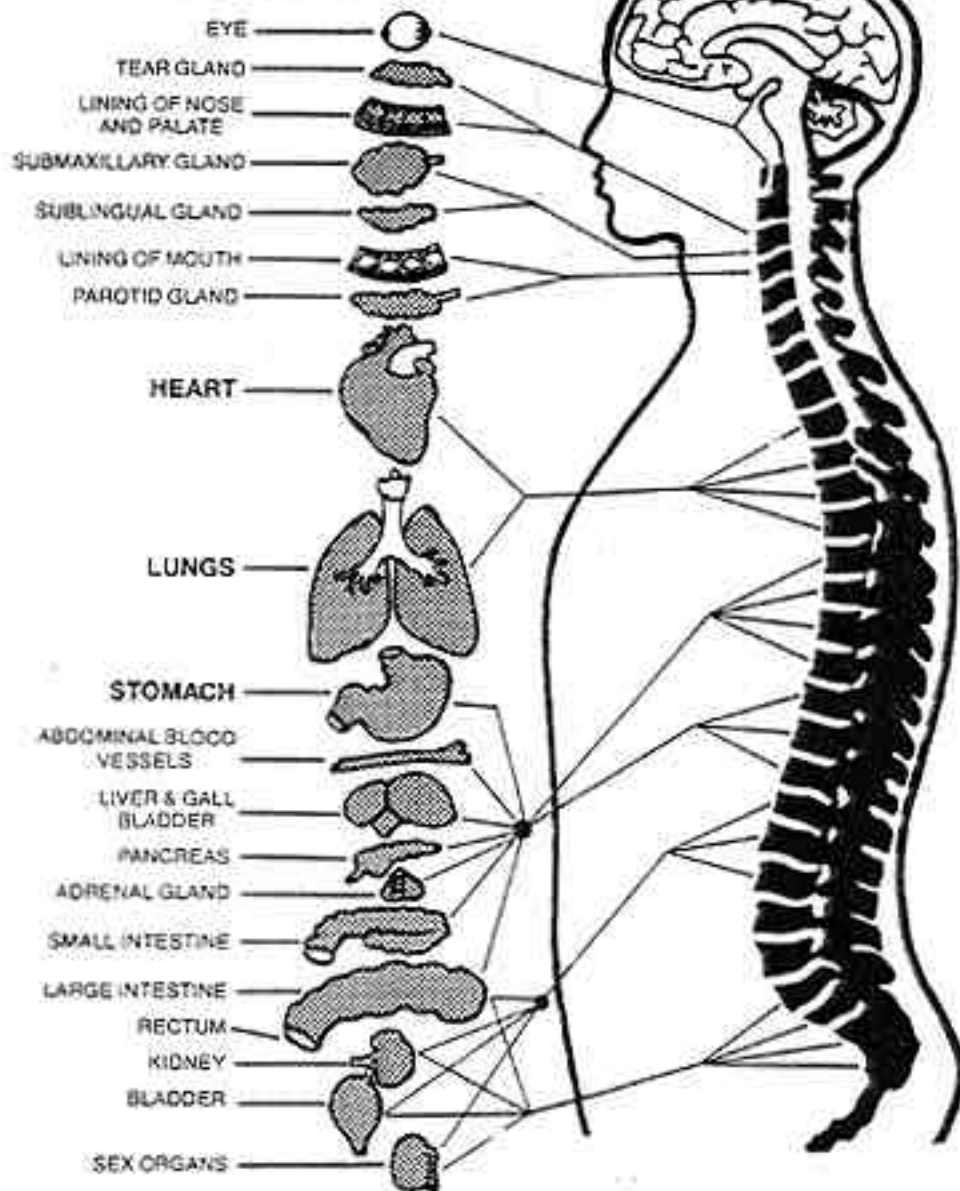


CHIROPRACTIC HEALTH QUESTIONNAIRE

Please circle area of pain or malfunction on diagram

Are you now or have you suffered from any of the following. Check appropriate box.



Past Present No

- | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Eye disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss of Taste |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Headaches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nervousness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trouble Sleeping |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dizziness |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Loss of Smell |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sinus Trouble |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ear Disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Frequent Sore Throats |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Asthma |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hay Fever/Allergies |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Persistent Cough |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Stomach Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Rheumatic Fever |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Heart Disease |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | High Blood Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diabetes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poor Digestion |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Nausea |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vomiting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Constipation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Diarrhea |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Abdominal Pain |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hemorrhoids |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Urinary Disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bed Wetting |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Menstrual Disorders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sex Problems |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tension |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Irritability |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fatigue |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sleeping Problems |

Symptoms related to the Autonomic Nervous System

Chiropractic deals with the relationship between your spine and nervous system

The Nervous System's function is to control and co-ordinate all the other organs and structures. Pinched or irritated nerves may interfere with this function and thus cause a wide variety of symptoms.