

Please take a moment to carefully fill out the questions below. This vital information will help Dr. Joe understand your current concern and subluxation pattern. A subluxation occurs when your spine does not move properly, placing dangerous pressure on your spinal nerves which connect your brain to your body. Subluxations are silent and you are not aware your health is impacted by them.

1) **WHEN & HOW** did your current complaint begin? _____

2) Please circle one: Is your concern **new (acute)** or **old (chronic)**?

3) What time of day is your complaint better? _____

4) What time of day is your complaint worse? _____

5) What makes your complaint better? _____

6) What makes your complaint worse? _____

7) Does your complaint worsen if you cough/sneeze/push to move your bowels? _____

8) What other healthcare professionals have you consulted for your complaint? _____

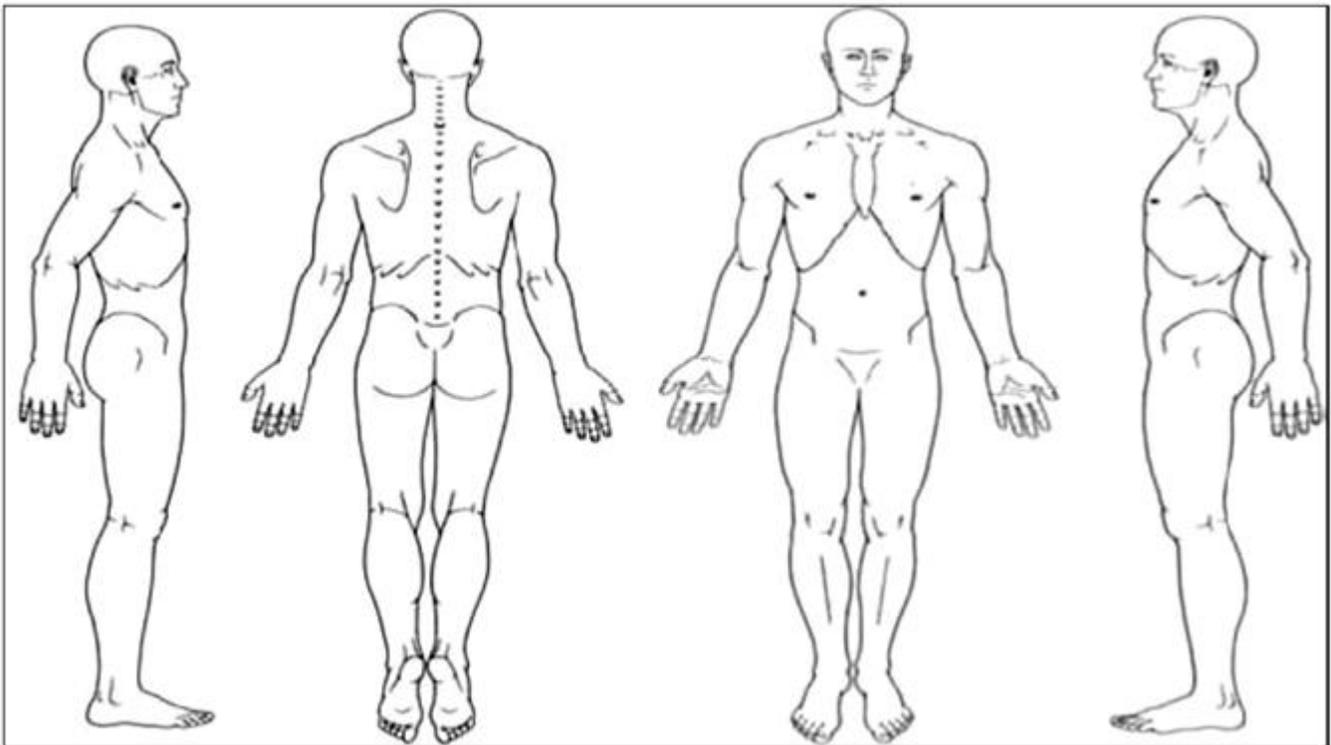
What care was provided? _____

9) Please circle any and all symptoms that best fit your current concern:

Sharp Dull Ache Numb Shooting Burning Tingling Crampy

10) Please mark where you feel your concerns on the diagram below.

11) Rate your current level of symptoms on a 0-10 scale. (0 = none, 10 = worst) Symptom Level _____



12) Please circle one: If you are having symptoms, how often do you experience your symptoms?

All of the time: (76-100% of the day) Most of the time: (51-75% of the day)
 Some of the time: (26-50% of the day) A little bit: (up to 25% of the day)

13) How are your concerns changing? Getting Better Not Changing Getting Worse

14) How much have your concerns interfered with your lifestyle? (Please circle one)

Not at all A little bit Some of the time Most of the time All of the time

15) How would you rate your current overall health: Poor Fair Good Very Good Excellent

The information I have written is accurate and true. Sign _____ Date _____