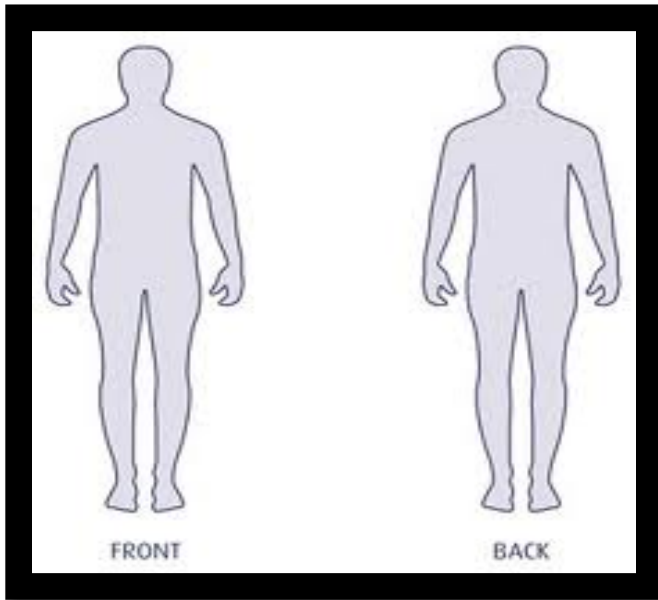




CHIROPRACTIC

David W. Polley, D.C.



Please put an X on the areas of **EXISTING** pain on the figures to left, and check any of the boxes that apply. Please list any other symptoms you have not mentioned, in the space below.

Four horizontal lines for listing symptoms.

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

- Low Back Pain
- Neck Pain
- Mid-Back Pain
- Arm Pain
- Leg Pain
- Walking Problems
- Fatigue
- Vision Problems
- Bladder Trouble
- Ear Aches
- Sore throat
- Discolored Urine
- Convulsions
- Depression
- Numbness
- Confusion
- Anxiety
- Clicking Jaw
- Loss Of Sleep
- Joint Stiffness
- Difficulty Chewing
- Difficulty Hearing
- Pain/Excessive Urine
- Fever
- Allergies
- Headaches
- Stress
- Cold Tingling Extremities
- Dizziness
- Forgetfulness
- Fainting
- Excessive Thirst
- Frequent Nausea
- Liver Problems
- Constipation
- Heartburn
- Weight Problems
- Gas/Bloating
- Abdominal Cramping
- Gastro Intestinal Problems
- Vomiting
- Chest Pain
- Heart Problems
- Short Breath
- Ankle Swelling
- Lung Problems
- Irregular heart beat
- Blood pressure Problems
- Scoliosis

Female:

- Menstrual Irregularities
- Sever Menstrual Cramping

Are You Pregnant? Yes No

Day of last menstrual Cycle? \_\_\_\_\_