

**Please Read:** Chiropractic is not just for back pain. The spine is the fuse box of the body. Please take a minute to do an internal inventory of what lights are out in your body and mark the check boxes for all past and present symptoms you have experienced.



REGIONS	FUNCTIONS	SYMPTOMS			
		PAST PRESENT	PAST PRESENT		
<b>Cervical</b>	• Autonomic Nervous System	<input type="checkbox"/>	Colic & Excessive Crying	<input type="checkbox"/>	Epilepsy & Seizures
	• ENT System	<input type="checkbox"/>	Ear & Sinus Infections	<input type="checkbox"/>	Sensory & Spectrum
	• Vision, Balance & Coordination	<input type="checkbox"/>	Allergies & Congestion	<input type="checkbox"/>	ADD / ADHD
	• Speech	<input type="checkbox"/>	Immune Deficiency	<input type="checkbox"/>	Focus & Memory Issues
	• Immune System	<input type="checkbox"/>	Headaches & Migraines	<input type="checkbox"/>	Anxiety & Stress
	• Digestive System	<input type="checkbox"/>	Vertigo & Dizziness	<input type="checkbox"/>	Balance & Coordination
	• Nerve Supply to Shoulders, Arms & Hands	<input type="checkbox"/>	Sore Throat & Strep	<input type="checkbox"/>	Speech Issues
	• Sympathetic Nucleus	<input type="checkbox"/>	Swollen Tonsils & Adenoids	<input type="checkbox"/>	TMJ / Jaw Pain
	• Metabolism	<input type="checkbox"/>	Vision & Hearing Issues	<input type="checkbox"/>	Stiff Neck & Shoulders
			<input type="checkbox"/>	Low Energy & Fatigue	<input type="checkbox"/>
		<input type="checkbox"/>	Difficulty Sleeping	<input type="checkbox"/>	High Blood Pressure
		<input type="checkbox"/>	Pain, Numbness, & Tingling in Arms to Hands	<input type="checkbox"/>	Poor Metabolism & Weight Control
<b>Upper Thoracic</b>	• Upper G.I.	<input type="checkbox"/>	Reflux / GERD	<input type="checkbox"/>	Bronchitis & Pneumonia
	• Respiratory System	<input type="checkbox"/>	Chronic Colds & Cough	<input type="checkbox"/>	Functional Heart Conditions
	• Cardiac Function	<input type="checkbox"/>	Asthma		
<b>Mid Thoracic</b>	• Major Digestive Center	<input type="checkbox"/>	Gallbladder Pain / Issues	<input type="checkbox"/>	Indigestion & Heartburn
	• Detox & Immunity	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	Stomach Pains & Ulcers
		<input type="checkbox"/>	Fever	<input type="checkbox"/>	Blood Sugar Problems
<b>Lower Thoracic</b>	• Stress Response	<input type="checkbox"/>	Behavior Issues	<input type="checkbox"/>	Allergies & Eczema
	• Filtration & Elimination	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Skin Conditions / Rash
	• Gut & Digestion	<input type="checkbox"/>	Chronic Fatigue	<input type="checkbox"/>	Kidney Problems
	• Hormonal Control	<input type="checkbox"/>	Chronic Stress	<input type="checkbox"/>	Gas Pain & Bloating
<b>Lumbar, Sacrum &amp; Pelvis</b>	• Lower G.I. (Absorption & Motility)	<input type="checkbox"/>	Constipation	<input type="checkbox"/>	Sciatica & Radiating Pain
	• Gut-Immune System	<input type="checkbox"/>	Chron's, Colitis & IBS	<input type="checkbox"/>	Lumbopelvic / SI Joint Pain
	• Major Hormonal Control	<input type="checkbox"/>	Diarrhea	<input type="checkbox"/>	Hamstring Tightness
		<input type="checkbox"/>	Bed-wetting	<input type="checkbox"/>	Disc Degeneration
		<input type="checkbox"/>	Bladder & Urination Issues	<input type="checkbox"/>	Leg Weakness & Cramps
		<input type="checkbox"/>	Cramps & Menstrual Issues	<input type="checkbox"/>	Poor Circulation & Cold Feet
		<input type="checkbox"/>	Cysts & Endometriosis	<input type="checkbox"/>	Knee, Ankle & Foot Pain
		<input type="checkbox"/>	Infertility	<input type="checkbox"/>	Weak Ankles & Arches
		<input type="checkbox"/>	Impotency	<input type="checkbox"/>	Lower Back Pain
		<input type="checkbox"/>	Hemorrhoids	<input type="checkbox"/>	Gluten & Casein Intolerance

Patient Name \_\_\_\_\_

Date \_\_\_\_\_