Balance Chiropractic, PLLC

PATIENT CLINICAL SYMPTOMS RECORD

| Patient Name: | | |
|---|--|--|
| CHECK THE SYMPTOMS YOU HAVE NOTICED | | |
| СНЕС | K THE SYMPTOMS TOO HAVE | SHOTICED |
| Headache | Dizziness | Light hurts eyes |
| Neck pain | Head seems heavy | Loss of memory |
| Neck stiff | Pins/needles – Arm | Ears Ring |
| Sleeping difficulties | Pins/needles – Leg | Face flushed |
| Lower back pain | Numbness in Fingers | Buzzing in ears |
| Upper back pain | Numbness in Toes | Loss of balance |
| Nervousness | Tension | Shortness of breath |
| Fever | Irritability | Fatigue |
| Loss of smell | Chest pain | Depression |
| Loss of taste | Feet cold | Hands cold |
| Diarrhea | Constipation | Cold sweats |
| Stomach upset | Limping | Weak grip |
| Stomach upset | | |
| Additional symptoms: | | |
| idditional symptoms. | | |
| | V | |
| | PAST MEDICAL HISTORY | 7 |
| Have you ever had any of these D | iagnoses or Medical Conditio | |
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