

Physicians
Choice
Diagnostic, Inc.

Screeners _____

Appt. _____

SPINAL, POSTURAL & SYMMETRY EVALUATION

Date _____

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
_____	Occupation: _____

Type of Medical Insurance: _____

Were you involved in an accident? NO Yes (Date _____)

Are you suffering from any of the following:
(Please check all that apply)

YES

NO

Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Neckpain	<input type="checkbox"/>	<input type="checkbox"/>
Upper Back Pain	<input type="checkbox"/>	<input type="checkbox"/>
Lower Back Pain	<input type="checkbox"/>	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Problems	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty Sleeping	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Stress	<input type="checkbox"/>	<input type="checkbox"/>
Pain or Numbness / Tingling in	<input type="checkbox"/>	<input type="checkbox"/>

Any other problems or questions:

Would you like to get rid of the problem Yes No
 I would like to come to the Doctor's office for a complete evaluation. There is **no charge** for this exam. This will allow me to find out if I can be helped by Chiropractic without any financial barriers.
 I would like to come to a class on Stress and Wellness.
 I would like the Doctor to call me to discuss my health problems before making an appointment.
 Do you have Insurance? HMO? Yes No

SYMPTOMS OF SPINAL MISALIGNMENT QUESTIONNAIRE

"The nervous system controls and coordinates all organs and structures of the human body." (Gray's Anatomy, 29th Ed., page 4). Misalignments of spinal vertebrae and discs may cause irritation to the nervous system and affect the structures, organs, and functions which may result in the conditions shown below. Please help us help you by placing a check mark in the appropriate box under the "Possible Effects" column to indicate your symptoms.

Vertebrae	Areas Controlled by Nerves*	Possible Effects of a Malfunction
ATLAS AXIS		
CERVICAL SPINE		
1C	Blood supply to the head, pituitary gland, scalp, bones of the face, brain, inner and middle ear, sympathetic nervous system.	<input type="checkbox"/> headaches, <input type="checkbox"/> nervousness, <input type="checkbox"/> insomnia, <input type="checkbox"/> head colds, <input type="checkbox"/> high blood pressure, <input type="checkbox"/> migraine headaches, <input type="checkbox"/> nervous breakdowns, <input type="checkbox"/> amnesia, <input type="checkbox"/> chronic tiredness, <input type="checkbox"/> dizziness.
2C	Eyes, optic nerves, auditory nerves, sinus, mastoid bones, tongue, forehead.	<input type="checkbox"/> sinus trouble, <input type="checkbox"/> allergies, <input type="checkbox"/> crossed eyes, <input type="checkbox"/> deafness, <input type="checkbox"/> eye troubles, <input type="checkbox"/> earache, <input type="checkbox"/> fainting spells, <input type="checkbox"/> vision difficulties.
3C	Cheeks, outer ear, face bones, teeth, trifacial nerve.	<input type="checkbox"/> neuralgia, <input type="checkbox"/> neuritis, <input type="checkbox"/> acne or pimples, <input type="checkbox"/> eczema.
4C	Nose, lips, mouth, eustachian tube.	<input type="checkbox"/> hay fever <input type="checkbox"/> hearing loss, <input type="checkbox"/> adenoids.
5C	Vocal cords, neck glands, pharynx.	<input type="checkbox"/> laryngitis, <input type="checkbox"/> hoarseness, <input type="checkbox"/> sore throats, <input type="checkbox"/> quincy.
6C	Neck muscles, shoulders, tonsils.	<input type="checkbox"/> stiff neck, <input type="checkbox"/> pain in upper arm, <input type="checkbox"/> tonsillitis, <input type="checkbox"/> whooping cough, <input type="checkbox"/> croup.
7C	Thyroid gland, bursae in the shoulders, elbows.	<input type="checkbox"/> bursitis, <input type="checkbox"/> colds, <input type="checkbox"/> thyroid conditions.
1T	Arms from the elbows down, including hands, wrists, and fingers; esophagus and trachea.	<input type="checkbox"/> asthma, <input type="checkbox"/> cough, <input type="checkbox"/> difficult breathing, <input type="checkbox"/> shortness of breath, <input type="checkbox"/> pain in lower arm, <input type="checkbox"/> pain in hands.
2T	Heart, including its valves and covering; coronary arteries.	<input type="checkbox"/> functional heart conditions, <input type="checkbox"/> chest conditions.
3T	Lungs, bronchial tubes, pleura, chest, breast.	<input type="checkbox"/> bronchitis, <input type="checkbox"/> pleurisy, <input type="checkbox"/> pneumonia, <input type="checkbox"/> congestion, <input type="checkbox"/> influenza.
4T	Gall bladder, common duct.	<input type="checkbox"/> gall bladder conditions <input type="checkbox"/> jaundice <input type="checkbox"/> shingles.
5T	Liver, solar plexus, blood.	<input type="checkbox"/> liver conditions, <input type="checkbox"/> fevers, <input type="checkbox"/> low blood pressure, <input type="checkbox"/> anemia, <input type="checkbox"/> poor circulation, <input type="checkbox"/> arthritis.
6T	Stomach.	<input type="checkbox"/> stomach troubles, <input type="checkbox"/> nervous stomach, <input type="checkbox"/> indigestion, <input type="checkbox"/> heartburn, <input type="checkbox"/> dyspepsia.
7T	Pancreas, duodenum.	<input type="checkbox"/> ulcers, <input type="checkbox"/> gastritis.
8T	Spleen.	<input type="checkbox"/> low resistance to colds and disease.
9T	Adrenal and supra-renal glands.	<input type="checkbox"/> allergies, <input type="checkbox"/> hives.
10T	Kidneys.	<input type="checkbox"/> kidney troubles, <input type="checkbox"/> hardening of the arteries, <input type="checkbox"/> chronic tiredness, <input type="checkbox"/> nephritis, <input type="checkbox"/> pyelitis.
11T	Kidneys, ureters.	<input type="checkbox"/> acne, <input type="checkbox"/> pimples, <input type="checkbox"/> eczema, <input type="checkbox"/> boils.
12T	Small intestines, lymph circulation.	<input type="checkbox"/> rheumatism, <input type="checkbox"/> gas pains, <input type="checkbox"/> sterility.
1L	Large intestines, inguinal rings.	<input type="checkbox"/> constipation, <input type="checkbox"/> colitis, <input type="checkbox"/> dysentery, <input type="checkbox"/> diarrhea, <input type="checkbox"/> ruptures, <input type="checkbox"/> hernias.
2L	Appendix, abdomen, upper leg.	<input type="checkbox"/> cramps, <input type="checkbox"/> difficult breathing, <input type="checkbox"/> acidosis, <input type="checkbox"/> varicose veins.
3L	Sex organs, uterus, bladder, knees.	<input type="checkbox"/> bladder troubles, <input type="checkbox"/> menstrual troubles such as painful or irregular periods, <input type="checkbox"/> miscarriages, <input type="checkbox"/> bed wetting, <input type="checkbox"/> impotency, <input type="checkbox"/> change of life symptoms, <input type="checkbox"/> knee pains.
4L	Prostate gland, muscles of the lower back, sciatic nerve.	<input type="checkbox"/> sciatica, <input type="checkbox"/> lumbago, <input type="checkbox"/> difficult, painful, or too frequent urination, <input type="checkbox"/> backaches.
5L	Lower legs, ankles, feet.	<input type="checkbox"/> poor circulation in the legs, <input type="checkbox"/> swollen ankles, <input type="checkbox"/> weak ankles and arches, <input type="checkbox"/> cold feet, <input type="checkbox"/> weakness in the legs, <input type="checkbox"/> leg cramps.
SACRUM	Hip bones, buttocks.	<input type="checkbox"/> low back pain, <input type="checkbox"/> spinal curvature.
COCCYX	Rectum, anus.	<input type="checkbox"/> hemorrhoids (piles), <input type="checkbox"/> pruritis (itching), <input type="checkbox"/> pain at end of spine on sitting.

* Directly or indirectly controlled

For further explanation of the conditions shown above, and information about those not