



# Gutierrez Family Chiropractic

PLEASE MARK EACH ITEM THAT REPRESENTS REOCCURRING OR PRESENT HEALTH STATUS.

- LOSS OF MEMORY
- LIGHTHEADEDNESS
- FAINTING
- EAR NOISES
- SESITIVITY TO LIGHT
- BLURRED VISION
- SHORTNESS OF BREATH
- IRREGULAR HEARTBEAT
  
- NECK STIFFNESS
- GRINDING SOUNDS IN NECK
  
- LIMITED SHOULDER MOVEMENT
- DIFFICULTY RAISING ARMS ABOVE HEAD
- SHOULDER SPASMS
- NUMBNESS
- ARMS
- HANDS
- FINGERS
- CARPEL TUNNEL
  
- DIFFICULTY RISING FROM SEATED POSITION
- LOWER BACK SPASMS
- DIFFICULTY STANDING FOR LONG PERIOD OF TIME

## FUNCTIONAL PROBLEMS

- UPSET STOMACH
- UPSET BOWELS
- NAUSEA
- HEARTBURN
- GAS PAINS
- EXCESSIVE GAS
- FREQUENT URINATION
- BEDWETTING
- FATIGUE
- SLEEP DISTURBANCES
- NOT MENTALLY ALERT

- CRANKY
- NERVOUS
- EASILY STRESSED
  
- FREQUENT COLDS/FLU'S
- SORE THROATS
- ALLERGIES
- ASTHMA
- POOR APPETITE
- PERSISTANT COUGH
  
- MUSCLE CRAMPING
- EXCESSIVE MENSTRUAL CRAMPING
- MENSTRUAL IRREGULARITY
- DIFFICULTY GETTING PREGNANT
- HOT FLASHES

## PAIN COMPLAINTS

- HEADACHES
- MIGRAINES
- NECK
- MID-BACK
- SHOULDERS
- RIBS
- LOW BACK
- GROIN
- HIP
- TAILBONE

## DIFFICULTY WITH:

- SITTING
- LYING DOWN
- WORKING
- HOUSEWORK
- BENDING

OTHER \_\_\_\_\_  
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SIGNATURE

\_\_\_\_\_  
DATE