

Consultation Form

Please fill this form. We protect your privacy and maintain confidentiality in accordance with local and federal guidelines and regulations.

Name _____ DOB _____

Phone (Mobile) _____ Email Address _____

Address _____

City _____

State _____ Zip _____ How did you hear about us?

Occupation _____

For Women: Are you pregnant? ☐ Yes ☐ No

Please check off any of the following where you experience pain or any conditions you suffer from:

☐ Headache

☐ Knee pain/degenerative disease

☐ Lower back or neck pain

☐ Arthritis

☐ Digestion symptoms

☐ Cardiovascular Problems

☐ Hypertension

☐ Anxiety and/or depression

☐ Diabetes

☐ Forgetfulness or memory decline

☐ Fatigue

☐ Breathing problems

☐ Sleep problems

☐ Nerve pain or neuropathy

☐ Skin related issue

Other Joint Pain: which joints? _____

Any other health conditions not listed above? Please add below.

Which of the above is the worst? _____

How long have you been suffering or struggling with this condition?

How often does it occur? (daily, weekly, monthly?)

What is your pain on a scale of (1=mild, 10=severe)? _____

What have you tried that did not help? _____

How do you see your life in 3 years if the problem/s will get worse?

How would your life be if this/these problem/s will improve or resolve?

Does this cause you to suffer from?

☐ Irritability or anger

☐ Interrupted sleep

☐ Restricted daily activity

☐ Feeling frustrated or experience mood disorder

☐ Fatigue

☐ Decline in physical activity

Does this affect your life?

☐ Holds me back from enjoying my family or friends

☐ Affects my ability to work (or provide income)

☐ Restricts my productivity or household duties

☐ Prevents me from exercising or practicing sports

☐ Interferes with my ability to enjoy my hobbies

I understand the purpose of the consultation is to better understand my health concerns. I understand that this consultation is not a medical evaluation or treatment and does not establish a provider-patient relationship.

Name _____

Date _____