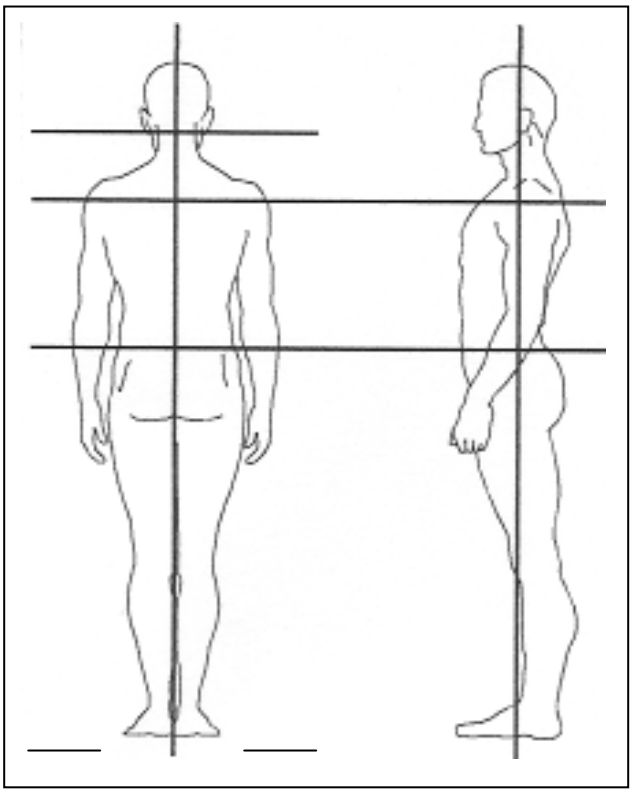
Tolman Chiropractic

4645 S Midland Dr. West Haven, UT **731-9899**

Please Fill Out the Right Side Only



Scoliosis:

☐Mild ☐Moderate ☐Severe

☐Upper Cross Syndrome

☐Lower Cross Syndrome

Comments:

_____

_____

_____

_____

_____

Name:_____

Address:_____

_____

_____

Daytime Phone:_____

Evening/Cell Phone:_____

Age:_____ Sex: ___M ___F

Occupation:_____

Please List Any Prior Traumas:

☐Auto:_____

☐Work:_____

☐Falls/Other:_____

Please Mark all that applies Past or Present:

	Past	Present
Headaches ……..	☐	☐
Neck Pain/Stiffness …...	☐	☐
Mid Back Pain ……...	☐	☐
Low Back Pain ……...	☐	☐
Jaw Pain …….	☐	☐
Sinus Pain ……...	☐	☐
Fatigue ……...	☐	☐
Anxiety/Tension …….	☐	☐
Carpal Tunnel …….…	☐	☐
Arm or Leg Pain/Numb ...	☐	☐
Sciatica/Pinched Nerve ...	☐	☐
Sleeping Problems ……..	☐	☐
Muscle Spasm/Cramps ...	☐	☐
Arthritis/Joint Disease …	☐	☐
Digestive Problems …...	☐	☐
Diabetes ……..	☐	☐
Osteoporosis ……...	☐	☐

Cancer: _____

Other:_____