

Your Free Health Assessment!

A courtesy of Sound Chiropractic Center (206) 440-7700. Please print neatly.

Name _____ Age _____

City _____

Home Phone _____ Work Phone _____

Occupation _____

Injury History Automobile Accident Yes Year _____

Work Related Yes Year _____

Have you ever receive chiropractic care? Yes No

Are you currently under chiropractic care? Yes No

Have you experienced any of the following in the last 6 months?

Circle the right number:	Mild	Severe
1. Headache	1 2 3 4 5	1 2 3 4 5
2. Dizziness	1 2 3 4 5	1 2 3 4 5
3. Neck Pain	1 2 3 4 5	1 2 3 4 5
4. Arm or Hand Pain	1 2 3 4 5	1 2 3 4 5
5. Numbness/Tingling	1 2 3 4 5	1 2 3 4 5
6. Shoulder Pain	1 2 3 4 5	1 2 3 4 5
7. Low Back Pain	1 2 3 4 5	1 2 3 4 5
8. Pain Down the Legs	1 2 3 4 5	1 2 3 4 5
9. Hip Pain	1 2 3 4 5	1 2 3 4 5
10. Painful and Stiff Joints	1 2 3 4 5	1 2 3 4 5

Consent to check: I give my consent to have my spine checked by posture analysis, instrument or touch. I know this screening does not constitute a diagnosis and that I will not receive any chiropractic treatment at this screening.

Signature _____

Date _____

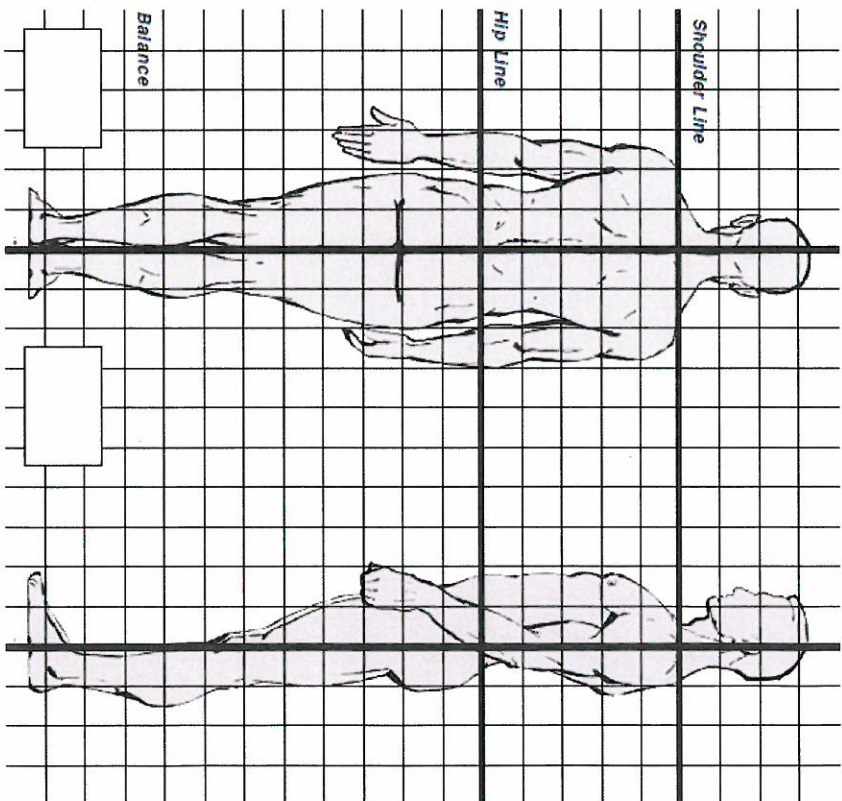
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Official Use Only Event _____

Date _____

Doctor _____

Screenner _____



**SOUND
CHIROPRACTIC
CENTER of Seattle**

**820 NE Northgate Way
Seattle, WA 98125
(206) 440-7700**



Appointment Day

Date

Time