

Is Stress Taking Its Toll On Your Body? **PAIN & DISCOMFORT SURVEY**

Name _____ Age _____ Job Title _____ Hours per Week _____

Address _____ City _____ State _____ Zip _____

Email _____ Cell Phone _____ Work Phone _____

CHECK ALL SYMPTOMS YOU HAVE EXPERIENCED IN THE LAST YEAR, ESPECIALLY THOSE THAT ARE MINOR, COME AND GO, YOU FEEL ARE "RELATED TO STRESS" OR ANY OTHER REASON

Headaches Migraines Digestive Issues Persistent Excess Weight Interrupted sleep
 Shoulder Pain/Discomfort Emotional stress Moody, Irritable, Depressed Allergies
 Exhausted or fatigued Neck pain Numbness or tingling Fibromyalgia
 Anxiety, Panic, High Stress Low Back Pain Leg Pain OTHER _____

CHECK OFF ALL HABITS YOU ENGAGE IN EVEN IF YOU CONSIDER THEM INFREQUENT

Text messaging Less than 7 hrs sleep Work out at the gym Take any meds
 Take vitamins "Crack your own back" Hours in front of computer Commute over 1 hr
 Drink 1+ cups of coffee /day Drink soda (sugar) Watch more than 1 hr of TV Lay on couch
 Eat fast food Overwork Drink alcohol Smoke

I have been to a chiropractor YES NO When? _____

free screening results interpretation & report



\$150 value

Screening Interpretation by the Doctor | Findings Report | Recommendations | Question and Answer Session

CALL NOW (201) 568-5711