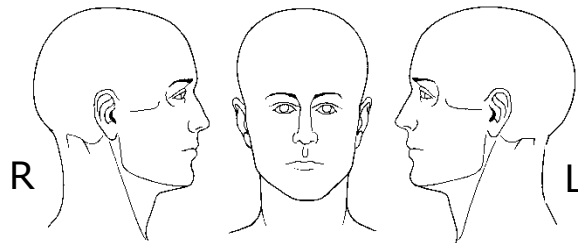
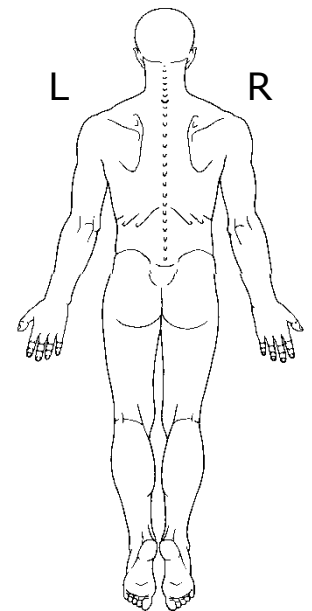
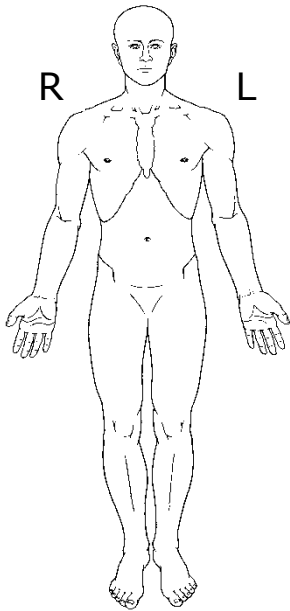




Please draw the location of any symptoms you may have on the body outline below, using the appropriate symbol(s).

Ache AAA      Burning BBB      Numbness NNN      Pins and Needles +++      Stabbing ///      Stiff and Tight 222      Shooting Pain →→→



Please CHECK anything that applies to you now, or CIRCLE anything that applied in the past.

**GENERAL:**

- Cancer
- Unexplained weight change
- Stroke
- High blood pressure
- Diabetes
- Osteoporosis

**NECK:**

- Neck pain
- Stiff neck and shoulders
- Numbness or tingling in: shoulders, arms or hands
- Headaches
- Dizziness or balance problems
- Visual problems
- Weakness in grip
- Jaw problems
- Sinus problems
- Low energy or fatigue
- Thyroid problems

**MID-BACK:**

- Mid-back pain
- Heart problems
- Stomach problems
- Rib problems
- Difficulty or pain with breathing
- Indigestion or heartburn
- Lung problems
- Recurrent lung infections
- Asthma, allergies, or wheezing

**LOW-BACK:**

- Low-back pain
- Stiff low-back
- Numbness or tingling in: bum, legs, or feet
- Sciatica
- Muscle cramps in legs or feet
- Weakness in back or legs
- Constipation or diarrhea
- Painful or irregular menstrual cycle
- Sexual dysfunction
- Frequent or difficult urination

**Have any of your BLOOD RELATIVES had any diseases or significant health concerns? If so, please describe below. (M=Mother F=Father B= Brother S=Sister G=Grandparents)**