

Page 2. Case Study Intake Form

Please review and check the following:

SYMPTOM/CONDITION	PAST	PRESENT	SYMPTOM/CONDITION	PAST	PRESENT
Headaches Type:			Numbness in feet or legs when standing		
Asthma			Sore heels when walking		
Cold hands or feet			Anxiety		
Swollen ankles			Depression		
Sinus conditions Frequent colds			Sleep disturbance		
Seizures			Fainting spells		
Low back pain			Muscular tension Location of tension		
Skin disorders Type:			Varicose veins Hemorrhoids Location		
Sciatica			Herniated/bulging discs		
Painful/swollen joints			Artificial/missing limbs		
High or low blood pressure			Contact lenses		
Dentures/partials			Cancer (past or current) Type		

Family History

	Still Living?	Cause and Age of Death	Major Health Issues
Mother			
Father			
Siblings			
Maternal grandmother			
Maternal grandfather			
Paternal grandfather			
Paternal grandmother			