Roxanne Hollander, D.C.

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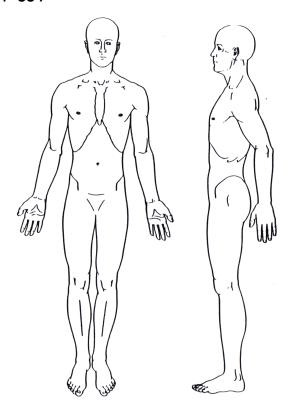
Confidential Client Information		100	day's Date	
Name		Phor	ne:	
Address				_
City, State & Zip		_ Date of Birth:		
Email:		_ Occupation:_		_
Height: Weight:	Referred by			_
Recreational Activities / Hobbies				_
What is your primary area of complaint?				
How did this condition develop?				
Does it interfere with your work?	sleep?		daily routine?	
What makes it better?		_ worse?		
Do you have any other areas of discomfort	÷ś			_

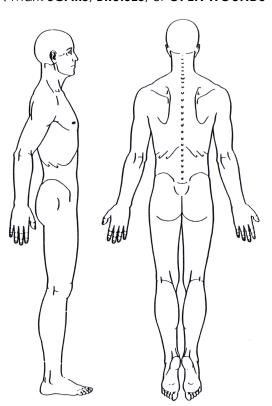
Using the provided key, please mark the body chart below.

O Circle areas where you are experiencing PAIN Squiggly Line areas of NUMBNESS OR TINGLING

* Asterisk areas of JOINT & MUSCLE STIFFNESS

** Mark SCARS, BRUISES, or OPEN WOUNDS





	be your general health?		
Describe your physica	l activities at work/home/et	c	
How much of these ite	ems do you consume daily?		
Water	Alcohol	Coffee/Soda	Cigarettes
Rate your stress level:	Low M	oderate	High
low do you relax?			
s there anything abou	ut you or your health that yo	u would like to char	nge? If so, what?
Are you currently unde	er the care of a medical do	ctor, chiropractor, no	aturopath, or therapist?
·		·	
Current Condition(s) Ir	·еатеа		
Please list any hospital	izations/major injuries & dat	es	
Please list any hospital	izations/major injuries & dat	es	
Please list any hospital	izations/major injuries & dat	es	
			reason for use
Please list any current	over the counter or prescrip		
Please list any current			
Please list any current Please check any cor Headaches	over the counter or prescrip ditions that apply to you. Diabetes	otion medications &	reason for use
Please list any current Please check any cor Headaches TMJ Disorder	over the counter or prescrip aditions that apply to you. Diabetes Gout	□ Food or Nut Al	reason for use lergies - Describe:s
Please list any current Please check any cor Headaches TMJ Disorder Hearing Problems	over the counter or prescrip aditions that apply to you. Diabetes Gout Arthritis	□ Food or Nut Al □ Muscle Cramp □ Chronic Fatigu	reason for use lergies - Describe:s se Syndrome
Please list any current Please check any cor Headaches TMJ Disorder Hearing Problems Sinus Problems	over the counter or prescrip aditions that apply to you. Diabetes Gout Arthritis Fibromyalgia	□ Food or Nut Al □ Muscle Cramp □ Chronic Fatigu □ Pins/Wires or A	reason for use lergies - Describe:s se Syndrome Artificial Joints
Please list any current Please check any cor Headaches TMJ Disorder Hearing Problems Sinus Problems Asthma	over the counter or prescripted ditions that apply to you. Diabetes Gout Arthritis Fibromyalgia Epilepsy	□ Food or Nut Al □ Muscle Cramp □ Chronic Fatigu □ Pins/Wires or A	reason for use lergies - Describe:s se Syndrome
Please list any current Please check any cor Headaches TMJ Disorder Hearing Problems Sinus Problems Asthma Shortness of Breath	over the counter or prescripted ditions that apply to you. Diabetes Gout Arthritis Fibromyalgia Epilepsy Cancer	□ Food or Nut Al □ Muscle Cramp □ Chronic Fatigu □ Pins/Wires or A	reason for use lergies - Describe:s se Syndrome Artificial Joints ng or Loss of Sensation anywhere
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