

Please tell us in your own words what you would like us to help you address today. Please be specific as to the nature (sharp, dull, throbbing, surface, deep etc) and location of any pain.

Practitioner Notes:

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When did this condition start?

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Have you seen a medical doctor about this condition and if so, what diagnosis were you given?

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Were any medications, supplements, herbs prescribed? If so, what are they and what dosage are you now taking?

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Is the condition getting better, staying the same or getting worse?

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What makes the condition better or what makes it worse? For example, does heat, cold, massage, change in weather, exertion make the condition feel better or worse.

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