

Please *Circle* any of the following that give you difficulty

Headaches	Dizziness	Chest Pain	Numbness
Shooting Head Pains	Fainting	Mid-back Pain	Constipation
Sinus Trouble	Loss of balance	Heart attacks	Kidney trouble
Loss of smell	Ringing in ears	High blood pressure	Menstrual cramps & pain
Allergies	Blurred vision	Low blood pressure	Menstrual irregularity
Hay fever	Lights bother eyes	Anemia	Diabetes
Asthma	Neck pain	Stomach trouble	Cancer
Loss of taste	Muscle spasms in neck	Nerve and nervousness	Sleeping problem
Tightness of throat	Grating in neck	Inner tension	Painful joints
Throat inflammation	Tightness of shoulder muscles	Irritability	Swollen joints
Thyroid trouble	Pin in shoulder and arms	Cold sweats	Pinched nerves in back
Twitching of face	Pins & needles in arms & hands	Gall bladder trouble	Pins & needles in legs
Loss of memory	Cold hands	Indigestion	Swollen ankles
Fatigue	Intestinal gas	Cold feet	Pins in legs & feet
Depression	Shortness of Breath	Low back pain	

Insurance Information:

I understand that A.F.S.H will prepare any necessary forms to assist me in submitting claims to my insurance provider and credit my account when payment is received. However, I clearly understand that all services rendered to me are charged to me and I am responsible for payment unless other arrangements are made.

Patient / Guardian Signature

Date

If Patient is a child - Information and release:

Pregnancy Normal? Yes No Explain: _____

Complications: _____

Delivery: Home () Hospital () List any complications: _____

Medications during delivery: _____

Vaccinations (List those received and age) _____

List any surgeries and or congenital conditions: _____

Childhood Diseases: Chicken Pox () Measles () Mumps () Rubella () Whooping Cough ()

Ear infections () How often? _____

Other: _____

Please Circle:

Asthma Headache Ear Infection Colic Allergies Bed Wetting

I hereby authorize A.F.S.H. and whomever they may designate to administer care as they deem necessary to my son/daughter/ward.

Patient/Guardian signature

Date