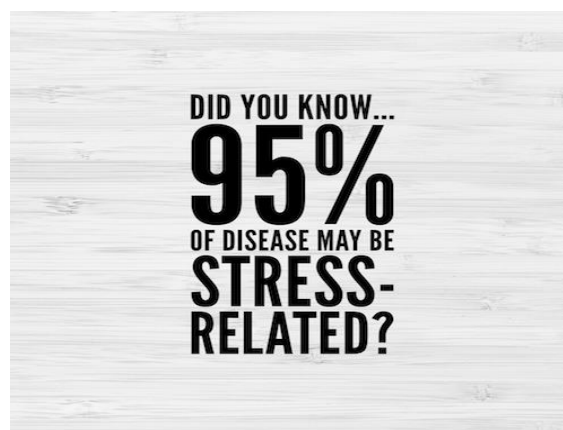


First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/2022

### IMPACT OF YOUR PRESENTING COMPLAINT:

ACTIVITY	NO EFFECT	MILD EFFECT	MODERATE EFFECT	SEVERE EFFECT
WORK				
EXERCISE				
RECREATION				
SLEEP				
SELF-CARE				
ENERGY				
ATTITUDE				
PATIENCE				
PRODUCTIVITY				
CREATIVITY				
OTHER				



**Please check all the STRESSORS that apply to you specifically over your entire lifetime!**

#### **PHYSICAL STRESSES** Check all that applies to you!

☐ SLIPS ☐ FALLS ☐ BIRTH TRAUMA ☐ SPORTS INJURIES ☐ WORK INJURY ☐ REC/CHILDHOOD INJURY ☐ ACCIDENTS  
☐ CAR ACCIDENTS ☐ PHYSICAL ABUSE ☐ REPETITIVE INJURY/LIFTING ☐ TWISTING ☐ TURNING ☐ HEAVY LIFTING ☐ OVERUSE INJURIES  
☐ SEDENTARY LIFESTYLE ☐ VERY ACTIVE LIFESTYLE ☐ LABOR INTENSIVE WORK ☐ BIKING ACCIDENT ☐ SPRAINS/STRAINS  
☐ DISLOCATIONS ☐ MUSCLE STRAINS ☐ BROKEN BONES ☐ BRUISING ☐ LIGAMENT DAMAGE ☐ WHIPLASH ☐ CONCUSSION ☐ DENTAL  
☐ WORK ☐ SURGERY ☐ CONSTIPATION ☐ SLEEP DISTURBANCES ☐ ALLERGIES ☐ JOINT PAINS ☐ ATTACK/ASSULT

#### **EMOTIONAL STRESSES** Check all that applies to you!

☐ LOSSES EMOTIONAL/FINANCIAL ☐ EMOTIONAL TRAUMA ☐ ABUSE ☐ EMOTIONAL ABUSE ☐ NEGLECT ☐ ANGER ☐ ANXIETY  
☐ SADNESS ☐ DEPRESSION ☐ MONEY PROBLEMS ☐ WORK PROBLEMS ☐ FAMILY PROBLEMS ☐ RELATIONSHIP PROBLEMS  
☐ DEATH OF FAMILY ☐ DIVORCE ☐ MARITAL SEPERATION ☐ MAJOR PERSONAL INJURY ☐ GETTING MARRIED-STRESS  
☐ FIRED ☐ ARRESTED ☐ JAIL TERM ☐ RETIREMENT ☐ CHANGE IN HEALTH FAMILY MEMBER ☐ PREGNANCY  
☐ SEX DIFFICULTY ☐ GAINING WEIGHT ☐ PROFESSIONAL ISSUES ☐ OVERWHEALM ☐ UNFORGIVENESS  
☐ FRUSTRATION ☐ RESENTMENT ☐ FEAR ☐ DIAGNOSIS OF A SICKNESS/ILLNESS ☐ SLEEP ISSUES/DISTURBANCES.

#### **CHEMICAL STRESSES** Check all that applies to you!

☐ ARTIFICIAL SWEETENERS ☐ CAFFEINE ☐ NICOTINE ☐ SECOND HAND ☐ DIET SODA ☐ ALCOHOL ☐ REFINED SUGAR  
☐ MICROWAVED FOODS ☐ PROCESSED FOODS ☐ FAST FOODS ☐ CLEANING AGENTS ☐ CLEANING CHEMICALS  
☐ NUTRITIONAL DEFICIENCIES ☐ MEDICATIONS ☐ VACCINATIONS ☐ RECREATIONAL DRUGS ☐ INFECTIONS  
☐ FOOD ALLERGIES/SENSITIVITIES ☐ HEAVY METAL TOXICITY ☐ HEAVY CHEMICALS ☐ WORK RELATED CHEMICALS

### **X WHERE YOU ARE TODAY & O WHERE YOU WANT TO BE WITHIN 1 YEAR**

YOUR HEALTH GRADE	NUMERICAL NUMBER	CHARACTERISTICS
	0	DISEASE- MULTIPLE MEDICATIONS
	1	POOR QUALITY OF LIFE- BODY LIMITED FUNCTION
	2	POOR HEALTH- MULTIPLE SYMPTOMS
	3	DRUGS/SURGERY- LOOSING NORMAL FUNCTION
	4	NEUTRAL HEALTH- NO SYMPTOMS
	5	NUTRITIONAL INCONSISTENCIES
	6	EXERCISE SPORADIC/HEALTH NOT PRIORITY
	7	GOOD HEALTH- REGULAR EXERCISE
	8	GOOD NUTRITION & WELLNESS EDUCATION
	9	MINIMAL NERVE INTERFERENCE
	10	OPTIMAL HEALTH & WELLBEING