



CONDITION

Please tick ✓ problem areas and add details if needed.

<b>Back:</b> Lower		
Middle		
Upper		
Neck		
Jaw		
<b>Arms:</b> Shoulders		
Elbows		
Wrists		
Hands		
Fingers		
<b>Legs:</b> Hips		
Knees		
Ankles		
Feet		
Toes		
ADHD		
Alcoholism/Addictions		
Allergies		
Anxiety		
Arthritis		
Asthma		
Blood Pressure		
Cancer		
Chronic Pain		
Circulation		
Cramps/Spasms		
Cystitis		
Depression		
Diarrhoea / Constipation		
Digestive disorders		
Eating Disorder		
Earache		
Eyestrain		
Heartburn		
Headaches/migraines		
Insomnia		
Menopause		
PMT		
Sciatica		
Sinus		
Tinnitus		
Weak Bladder		
Stress Level Today		
Other		