



THE CHIROPRACTIC ZONE

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**Current Health Status**

My main health concerns/symptoms are:	When did it begin?	How Often? Constant = 75-100% of time Frequent = 50-75% of time Intermittent = 25-50% of time Occasional = 0-25% of time	Intensity? Rank on a scale of 0-10.	How would you describe the pain?
1				
2				
3				
4				

Please tell us about any medications or vitamins you are currently taking.

Name of medication or vitamin:	How often taken?	Purpose?
1		
2		
3		
4		
5		
6		
7		