

Do you have any difficulties with the following?

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| Headaches _____ | Muscle Spasms _____ | Kidney trouble _____ |
| Shooting head pains _____ | Shoulder tightness _____ | Cancer _____ |
| Sinus trouble _____ | Pins in needles arms & legs _____ | AIDS _____ |
| Loss of smell _____ | Cold hands or feet _____ | sleeping problems _____ |
| Hay fever _____ | Chest Pain _____ | Painful or swollen joints _____ |
| Asthma _____ | Shortness of breath _____ | Arthritis _____ |
| Tightness in throat _____ | Heart attack _____ | Pinched nerves in back _____ |
| Thyroid trouble _____ | High blood pressure _____ | Bruising _____ |
| Twitching of face _____ | Low blood pressure _____ | swollen ankles _____ |
| Loss of memory _____ | Anemia _____ | Slipped Discs _____ |
| Fatigue _____ | Ulcers _____ | Diabetes _____ |
| Depression _____ | Stomach trouble _____ | Bladder trouble _____ |
| Arthritis _____ | Herpes _____ | Insomnia _____ |
| Fibromyalgia _____ | Contagious Disease _____ | |
| Dizziness _____ | Cold sweats _____ | |
| Psoriasis _____ | Eczema _____ | |
| Fainting _____ | Liver trouble _____ | |
| Loss of balance _____ | Indigestion _____ | |
| Ringling in ears _____ | Constipation _____ | |

Therapists Notes:

