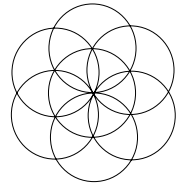


# QUANTUM HEALING



## Patient Information & Health Background

Please complete as fully as possible

### Personal Information:

Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Work/Cell Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ Age \_\_\_\_\_ **M F** Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Email \_\_\_\_\_

### Health History:

List prescription drugs you are now taking:

\_\_\_\_\_

List surgeries:

\_\_\_\_\_

\_\_\_\_\_

List Fractures/Dislocations/Concussions:

\_\_\_\_\_

\_\_\_\_\_

List accidents/injuries/major illnesses:

\_\_\_\_\_

\_\_\_\_\_

### Health Goals

What Do You Want To Heal?

List in order of importance:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### Personal Habits:

Hrs. Regular Sleep per night: \_\_\_\_\_ Hrs. Regular worked: \_\_\_\_\_ day \_\_\_\_\_ week

Amount of smoking: \_\_\_\_\_ pkg./day Amount of coffee/tea: \_\_\_\_\_ cups/day

Amount of alcohol: \_\_\_\_\_ glasses/week \_\_\_\_\_ wine \_\_\_\_\_ beer \_\_\_\_\_ hard alcohol

Referred by: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

# Complaints

IMPORTANT: **Circle** all present complaints. **Underline** recent past complaints.

## Muscle, Ligament & Joint:

### NECK:

Weakness • Pain • Stiffness • Swelling • Spasms • Disc • Limited Movement • Pain on Motion • Surgery • Throat Muscles Swollen or Sore.  
Worse: After Sleeping • During Day • End of Day

### MID BACK:

Weakness • Pain • Spasms • Soreness.  
Worse: After Sleeping • During Day • End of Day.

### LOW BACK:

Weakness • Pain • Stiffness • Swelling • Limited Movement • Pain on Motion • Surgery.  
Pain When: Sitting • Walking • Standing • Sleeping.  
Worse: After Sleeping • During Day • End of Day.  
Sacroiliac • Tailbone • Sex Impotency • Pain in Groin.  
Worse: After Sleeping • During Day • End of Day.

## Extremities & Radiating Pain:

### HEAD & HEADACHE:

Side • Front • Top • Heavy Head • Affects Vision • Produces Nausea • Throbbing • Incapacitating • Handicaps Normal Function • Migraine  
Worse: After Sleeping • During Day • End of Day.

### SHOULDER:

Local Pain • Radiating Pain • From Neck • On Movement • Down Arm • Numbness • Tingling • Elbow • Wrist • Fingers • Swelling • Heaviness • Cold Hands • Grip Strength Loss • Can't Raise • Drop Things.

### HIP, KNEES, LEGS:

Local Pain • Radiating Pain • From Back • On Movement • Down Leg • Knee (Front • Back) Numbness • Tingling • Knee Swelling • Ankle Swelling • Charlie Horses • Cramps • Spasms • Varicose Veins • Heaviness • Pain on Walking • Sitting • Prolonged Standing.

### FEET:

Swelling • Discomfort • Pain • Pain on Walking • Pain with Back Problem • Corns • Callouses • Bunions • Fallen Arch • High Arch • Toe-in • Toe-out • Cold • Burn

### MUSCLE & LIGAMENTS:

Sprain • Pulled • Torn • Atrophy

### SPINE:

Surgery • Arthritis • Curvature • Whiplash

### DISC:

Surgery • Protrusion • Compressed • Degenerating • Deteriorating • Herniated • Ruptured.

### NERVES:

Burning • Numbness • Tingling • Pins/Needles

• Tremor • Nervousness • Nervous Tension • Nervous Fatigue • Dizziness • Poor Equilibrium • Loss of Balance.

## Energy & Fatigue:

### FATIGUE:

Intermittent • Constant • Occasional • Exhaustion Build-up • Tired Upon Waking • Exhaustion After Work • Must Rest During Day

### WALKING CAUSES:

Tiredness • Fatigue • Exhaustion.

### SLEEPING:

Good • Fair • Poor • Poor due to Pain • Insomnia • Falls to Sleep • Emotional Fatigue • Excessive Sleep.

## Eye, Ear, Nose, Throat &

### Mouth:

#### EYE:

Pain • Strain • Red • Blurring • Light Hurts • Double Vision • Spots • Injury • Pressure • Glasses.

#### SIGHT:

Far • Near • Failing • Glasses

#### EAR:

Ache • Infection • Noises • Ring • Buzzing.

#### HEARING:

Good • Poor • Aid • Failing.

#### NOSE:

Post-nasal Drip • Bleeding • Obstruction • Sneezing • No Smell.

#### THROAT:

Sore • Dry • Hoarse • Phlegm • Enlarged Glands • Difficult to Swallow.

#### MOUTH:

Bad Taste • Teeth • Breath • Gums • Sores • Eruptions • No Taste.

#### TEETH:

Good • Bad • Abscess • Grinding • Dentures: Fit Well • Poor.

## Heart & Circulation:

### HEART:

Slow • Rapid • Pain • Palpitation • Past Attack • Coronary • Chest Pain • Pain Down Arm • Difficult Breathing.

### BLOOD PRESSURE:

High • Low Irregular • Past Stroke • Paralysis: Left • Right.

### CIRCULATION:

Good • Poor • Swelling • Cold Hands/Feet/Body

### SWEATS:

Excess • None • Hot • Cold • Night.

### BLOOD:

Problems • Disease • Anemia

## Lungs & Breathing:

### LUNGS:

Difficult Breathing • Congestion • Asthma • Emphysema • Wheezing • Bronchitis • Infection

### COUGH:

Blood • Phlegm • Dry • Sneezing

## Stomach, Liver Gall Bladder

## & Intestinal:

### STOMACH:

Nausea • Pain • Ulcer • Vomiting Blood • Bile • Indigestion • Heartburn • Gas

### APPETITE:

Good • Poor • Excess

### LIVER:

Upset • Jaundice • Hepatitis

### GALL BLADDER:

Attack • Infection • Stones

### INTESTINES:

Bloat • Mucous • Constipated • Diarrhea • Hemorrhoids • Fissures • Colitis

## Kidney, Bladder & Urination:

### URINE:

Frequent • Difficult • Burns • Blood • Pus • Irritates • No Control • Infection • Kidney Stones • Prostate • Ovaries • Bedwetting

## Skin:

Sensitive • Bruises • Dry • Itching • Rash • Hives • Shingles • Boils • Acne • Eruptions • Slow Healing

## General:

### SWOLLEN LYMPH NODES:

Neck • Underarm • Groin • Face • Pallor • Chills • Fever • Flu • Virus • Chronic Cold • Cough

### SINUS:

Congestion • Headache • Sneeze

### WEIGHT:

Over • Under • Loss • Gain

### REACTION TO DRUGS:

Mild • Severe • Occasional

## For Women Only:

### MENSTRUAL:

Cramps • Backache • Excess Flow • Difficult • Irregular • Tension

### MENOPAUSE:

Hot Flashes • Estrogen

### VAGINAL:

Discharge • Irritation • Odor