Joints:

Have you ever been diagnosed with joint or soft tissue problems? Y N

If yes, explain_____

Do you have problems with your:

Upper back	Y	N
Lower back	Y	N
Neck	Y	N
Shoulders	Y	N
Elbows	Y	N
Wrists	Y	N
Hips	Y	N
Knees	Y	N
Ankles	Y	N

If yes, explain_____

In case of an emergency, contact:

Name_____ Phone Number_____

Physician:

Name_____ Phone Number_____

Medications currently being used:

_____

_____

_____