

## Symptoms of your current complaint To reduce your contact time in the clinic please give your Chiropractor a brief description of the symptoms of your current complaint – e.g. which part of your body? when did it start? how did it start? what makes it better or worse? what are you not able to do? If this is a follow up session, please say how it has changed since your last session. List any medications you are taking for this problem. Any changes to your medical history since your last appointment? Brief details and dates please. Name: Signed: Date: