

SUBLUXATION SURVEY...

GENERAL INFORMATION:

NAME: _____ AGE: _____ PH#: _____

ADDRESS: _____ Postal Code: _____

Areas of Concern, Problems, Questions: _____

WHICH OF THE FOLLOWING DO YOU EXPERIENCE? (check all that apply)

- | | | | | |
|--|-------------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Stress | <input type="checkbox"/> Headaches | <input type="checkbox"/> Frustration |
| <input type="checkbox"/> Tight Muscles | <input type="checkbox"/> Arm Pain | <input type="checkbox"/> Hand Pain | <input type="checkbox"/> Wrist Pain | <input type="checkbox"/> Low Back Pain |
| <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Joint Pain | <input type="checkbox"/> Hip Pain | <input type="checkbox"/> Leg Pain | <input type="checkbox"/> Ear Infections |

BECAUSE OF THE ABOVE, DO YOU EXPERIENCE: (check all that apply)

- Moodiness Irritability Interrupted Sleep Restricted Daily Activities

OVERALL, DOES IT AFFECT YOUR: (check all that apply)

- Decision Making Attitude Productivity Diet
 Energy at the End of the Day Ability to Work, Play, Enjoy Free Time, etc.

ARE THERE CHANGES IN THESE ASPECTS OF YOUR LIFE? (check if yes)

- I lose patience with my spouse, family, friends, pets.
 I have restrictions with my household duties.
 I am hindered in my ability to exercise or participate in other activities/hobbies.
 I am not able to participate in life as much as I would like.

IF YOU CHECKED ANY OF THE ABOVE ITEMS, YOU COULD BE SUFFERING FROM:

**EXCESSIVE STRESS
STRUCTURAL MISALIGNMENT (SUBLUXATION)
IRRITATED NERVOUS SYSTEM (ABNORMAL FUNCTION)**

Chiropractic can help YOU find a solution because Doctors of Chiropractic treat the body naturally and gently by influencing the nervous system without the use of medications or surgery. This helps remove stress, interference, & imbalance that **CAUSES** health problems.

Would you like to get rid of the problem causing your condition?

- Yes!** I would like to come to the Doctor's office for a consultation.
***Please book my appointment on or around:** _____
 Yes! I would like the Doctor's office to call me to discuss my concerns.

OUR GUARANTEE: If yours is a chiropractic problem, we will tell you what it is and how it can be resolved. If not, we will refer you elsewhere for the appropriate care.

MAIL TO: Dr. David E. Koivuranta, Doctor of Chiropractic
72 St. Clair Avenue West, Toronto, ON M4V 1M7 OR PHONE: **416-961-1900**