

Cleansing, Weight Loss & **STRESS** Survey

**Chiropractic Synergy
Wellness Center**

Dr. Lori Enevoldsen, D.C.
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(219) 865-9917

Name: _____

Age: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Comments: _____

Check off any of the following symptoms you have experienced in the past 6 months:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Head Aches/Migraines | <input type="checkbox"/> Digestive Trouble | <input type="checkbox"/> Irritability Problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Irregularity | <input type="checkbox"/> Hormone Problems | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Pain/Tension/Numbness | <input type="checkbox"/> Sensitivity to Foods | <input type="checkbox"/> Sinus Problems/Allergies | <input type="checkbox"/> Dizziness |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Acid Reflux | <input type="checkbox"/> Weight Trouble | <input type="checkbox"/> Ringing in Ears |
| <input type="checkbox"/> Legs | <input type="checkbox"/> Irritable Bowel | <input type="checkbox"/> Arthritis | |
| <input type="checkbox"/> Shoulders | | <input type="checkbox"/> Depression | |
| <input type="checkbox"/> Arms | | <input type="checkbox"/> Stress/Anxiety | |
| <input type="checkbox"/> Low Back | | | |
| <input type="checkbox"/> Hands | | | |
| <input type="checkbox"/> Insomnia/Sleep Problems | | | |

Other: _____

If you checked any of the above items, then you could be suffering from:

**EXCESSIVE
STRESS**

**STRUCTURAL
MISALIGNMENT**

**PINCHED
NERVES**

All new patients: Call to schedule your complementary consultation with Dr. Lori Enevoldsen to establish a personalized care plan. You must bring in this completed form to your complimentary consultation. (A \$250.00 value.)

www.chiropracticsynergywellness.com