

Hapeman Rodriguez Chiropractic

~Adjusting you to a better quality of life~

Gil Rodriguez
NYS Licensed Massage Therapist

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Do you have any of the following?

- | | | |
|--|--|--|
| <input type="checkbox"/> Cardiac or
Circulatory
Conditions | <input type="checkbox"/> Wear Contact Lenses | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Autoimmune
Condition | <input type="checkbox"/> Herniated Disc |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Carpal Tunnel
Syndrome |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Whiplash |
| <input type="checkbox"/> Skin Condition | <input type="checkbox"/> Allergies | |
| | <input type="checkbox"/> Diabetes | |

Are you seeing a healthcare professional? _____

Are you currently taking any medications? _____

How are you feeling in your body today? _____

Is there anything in particular you would like to get out of this session? _____

Signature _____