KLINGERT CHIROPRACTIC	CENTER	16816 N 35 Ave	Ste 8 Ph	oenix, AZ 8505	53 (602) 843-378
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What is your: Height Occupation					
Is today's problem the res					
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	Pri	mary Comp	blaint Form
KLINGERT CHIROPRACTIC CENTE Name:			35053 (602) 843-3788
5. How much has the probler □ Not at all			i bit 🛛 Extremely
6. How much has the probler □ Not at all	m interfered with your s		it 🛛 🗆 Extremely
7. Who else have you seen fo	or your problem?		
			physician 🛛 Orthopedist
			Other:
Diagnosis	Results		
	is problem?		
8. How long have you had thi			
9. How do you think your pro	blem began?		
10. Do you consider this prob	lem to be severe?	⊐Yes □Yes, a	at times 🗆 No
11. What aggravates your pro			
□ Coughing	Bend Forward		Running
□ Sneezing		□ Sitting	Climb Stairs
	- Rotation I / R	🗆 Lving	Quick Movements
Straining Bound Movement	□ Rotation L/R		
Bowel Movement	Side Bending L / R	Standing	Lifting pounds
Bowel Movement	□ Side Bending L / R □ Other	Standing	
 Bowel Movement Work at Computer 	□ Side Bending L / R □ Other	Standing	
 Bowel Movement Work at Computer 	□ Side Bending L / R □ Other	Standing	
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 Bowel Movement Work at Computer 12. What makes the problem Nothing 	 Side Bending L / R Other better? Stretching Ice 	 Standing Heat Sitting 	□ Rest
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