ARCHER FAMILY WELLNESS CLINIC

Dr. Donna M. Archer
Chiropractic Physician

Patient's Name:________________________________Date:____________________________

ROS:

Have you had or do you now have any of the following symptoms which are or have been of significant distress to your?

Please use the following code: **N** – Now **R**—Recent (within past yr.) **P**—Past (> 1 yr. ago)

___Headaches
___Concussion
___Dizziness/Fainting
___Sinus Problems
___Visual Disturbances
___Loss of Taste/Smell
___Hayfever
___Epilepsy/Seizures
___Loss of Memory
___Ringing in Ears
___Loss of Balance
___Neck pain or stiffness
___Thyroid Problems
___Chest Pain
___Shortness of Breath
___Back pain or stiffness
___Shoulder/Neck/Arm Pains
___Gall Bladder
___Stomach Upset
___Indigestion/Belching
___Menstrual/Prostate Problems
___Diarrhea
___Constipation
___Urinary Problems
___Pins & Needles in Arms/Legs
___Numbness in Fingers/Toes
___ Cold Hands/Feet
___Weakness in Arms/Legs
___Numbness in groin/buttocks

___Diabetes
___Heart Problems/Stroke
___Cancer/Tumors
___Osteoporosis
___High Blood Pressure
___Arthritis
___Allergies
___Sleeping problems
___Nervousness
___Tension
___Irritability
___ Frequent Colds
___Cold Sweats
___Fever
___Fatigue
___ Depression
___Marked Morning Pain & Stiffness
___Pain unrelieved by position or rest
___Pain at night
___Vomiting
___Leg Cramps
___Diarrhea
___Constipation
___Urinary Problems
___Knee Pain
___Swelling Joints
___Muscle Spasms

___ **Other health care conditions / concerns:** (Please list):

PLEASE LIST ALL MEDICATIONS & SUPPLEMENTS YOU ARE TAKING

9330 NE Vancouver Mall Dr.
Suite 203
Vancouver, WA 98662

Phone: 360-885-4715
Fax: 360-859-3741
E-mail:
Dr.DonnaArcher@comcast.net
Web:
ArcherFamilyWellness.com

Focus on wellness with chiropractic. . . . . .