

Name _____

Please check any symptoms you have experienced in the past 6 months.

Vertebrae	Possible Symptoms
C1	<input type="checkbox"/> Headaches <input type="checkbox"/> nervousness <input type="checkbox"/> insomnia <input type="checkbox"/> head colds <input type="checkbox"/> high blood pressure <input type="checkbox"/> migraine headaches <input type="checkbox"/> nervous breakdowns <input type="checkbox"/> amnesia <input type="checkbox"/> chronic tiredness <input type="checkbox"/> dizziness
C2	<input type="checkbox"/> Sinus trouble <input type="checkbox"/> allergies <input type="checkbox"/> pain around the eyes <input type="checkbox"/> earache <input type="checkbox"/> fainting spells <input type="checkbox"/> certain cases of blindness <input type="checkbox"/> crossed eyes <input type="checkbox"/> deafness
C3	<input type="checkbox"/> Neuralgia <input type="checkbox"/> neuritis <input type="checkbox"/> acne or pimples <input type="checkbox"/> eczema
C4	<input type="checkbox"/> Hay fever <input type="checkbox"/> runny nose <input type="checkbox"/> hearing loss <input type="checkbox"/> adenoids
C5	<input type="checkbox"/> Laryngitis <input type="checkbox"/> hoarseness <input type="checkbox"/> throat conditions such as sore throat or quinsy
C6	<input type="checkbox"/> Stiff neck <input type="checkbox"/> pain in upper arm <input type="checkbox"/> tonsillitis <input type="checkbox"/> chronic cough <input type="checkbox"/> croup
C7	<input type="checkbox"/> Bursitis <input type="checkbox"/> colds <input type="checkbox"/> thyroid conditions
T1	<input type="checkbox"/> Asthma <input type="checkbox"/> cough <input type="checkbox"/> difficult breathing <input type="checkbox"/> shortness of breath <input type="checkbox"/> pain in lower arms and hands
T2	<input type="checkbox"/> Functional heart conditions and certain chest conditions
T3	<input type="checkbox"/> Bronchitis <input type="checkbox"/> pleurisy <input type="checkbox"/> pneumonia <input type="checkbox"/> congestion <input type="checkbox"/> influenza
T4	<input type="checkbox"/> Gallbladder conditions <input type="checkbox"/> jaundice <input type="checkbox"/> shingles
T5	<input type="checkbox"/> Liver conditions <input type="checkbox"/> fevers <input type="checkbox"/> blood pressure problems <input type="checkbox"/> poor circulation <input type="checkbox"/> arthritis
T6	<input type="checkbox"/> Stomach troubles including: <input type="checkbox"/> nervous stomach <input type="checkbox"/> indigestion <input type="checkbox"/> heartburn <input type="checkbox"/> dyspepsia
T7	<input type="checkbox"/> Ulcers <input type="checkbox"/> gastritis
T8	<input type="checkbox"/> Lowered resistance
T9	<input type="checkbox"/> Allergies <input type="checkbox"/> hives
T10	<input type="checkbox"/> Kidney troubles <input type="checkbox"/> hardening of the arteries <input type="checkbox"/> chronic tiredness <input type="checkbox"/> nephritis <input type="checkbox"/> pyelitis
T11	<input type="checkbox"/> Skin conditions such as acne <input type="checkbox"/> pimples <input type="checkbox"/> eczema <input type="checkbox"/> boils
T12	<input type="checkbox"/> Rheumatism <input type="checkbox"/> gas pains <input type="checkbox"/> certain types of sterility
L1	<input type="checkbox"/> Constipation <input type="checkbox"/> colitis <input type="checkbox"/> dysentery <input type="checkbox"/> diarrhea <input type="checkbox"/> some ruptures or hernias
L2	<input type="checkbox"/> Cramps <input type="checkbox"/> difficult breathing <input type="checkbox"/> minor varicose veins
L3	<input type="checkbox"/> Bladder troubles <input type="checkbox"/> menstrual troubles such as painful or irregular periods <input type="checkbox"/> miscarriages <input type="checkbox"/> bed wetting <input type="checkbox"/> impotency <input type="checkbox"/> change of life symptoms <input type="checkbox"/> many knee pains
L4	<input type="checkbox"/> Sciatica <input type="checkbox"/> lumbago <input type="checkbox"/> difficult, painful or too frequent urination <input type="checkbox"/> backaches
L5	<input type="checkbox"/> Poor circulation in the legs <input type="checkbox"/> swollen ankles <input type="checkbox"/> weak ankles and arches <input type="checkbox"/> cold feet <input type="checkbox"/> weakness in the legs <input type="checkbox"/> leg cramps
SACRUM	<input type="checkbox"/> Sacroiliac conditions <input type="checkbox"/> spinal curvatures
COCCYX	<input type="checkbox"/> Hemorrhoids (piles) <input type="checkbox"/> pruritus (itching) <input type="checkbox"/> pain at end of spine on sitting