

Name: _____

Date: _____

Mailing address or e-mail: _____

Phone: _____

ARTHRITIS

Please describe your symptoms

LOCATION(S) OF PAIN

TYPE OF PAIN

<input type="checkbox"/> Soreness & pain that moves from joint to joint and/or muscles <input type="checkbox"/> Limits movement	<input type="checkbox"/> Fixed pain <input type="checkbox"/> Soreness, swelling, heaviness and numbness
<input type="checkbox"/> Severe aching pain in one joint or muscle <input type="checkbox"/> Limits movement	<input type="checkbox"/> Very severe pain and heat <input type="checkbox"/> Redness and swelling of joints
<input type="checkbox"/> Pain and swell of joints <input type="checkbox"/> Bone deformities	

WORSE WITH:

<input type="checkbox"/> Wind	<input type="checkbox"/> Damp	<input type="checkbox"/> Cold	<input type="checkbox"/> Heat	<input type="checkbox"/> Other:
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ACCOMPANYING SYMPTOMS:

<input type="checkbox"/> Sciatica <input type="checkbox"/> Gout <input type="checkbox"/> Numb lower extremities	<input type="checkbox"/> Lower back pain <input type="checkbox"/> Knee and leg pain	<input type="checkbox"/> Back pain and stiffness <input type="checkbox"/> Bone degeneration and swelling
<input type="checkbox"/> Muscle spasms and neuralgia of upper body <input type="checkbox"/> Whiplash	<input type="checkbox"/> Bursitis <input type="checkbox"/> Gout <input type="checkbox"/> Upper body joint pain	<input type="checkbox"/> Carpal tunnel <input type="checkbox"/> Frozen shoulder <input type="checkbox"/> Rotator cuff problems
<input type="checkbox"/> Tendon and ligament damage	<input type="checkbox"/> Pain and swelling due to traumas/surgery	<input type="checkbox"/> Muscle spasms and cramping
<input type="checkbox"/> Muscle, abdominal and gynecological pain	<input type="checkbox"/> Acute traumas	<input type="checkbox"/> Pain and swelling due to trauma <input type="checkbox"/> Bleeding
<input type="checkbox"/> Sport injury <input type="checkbox"/> Fractures <input type="checkbox"/> Joint dislocation <input type="checkbox"/> Swelling	<input type="checkbox"/> Chronic lower back and knee pain	<input type="checkbox"/> Osteoporosis

OTHER:

RETURN COMPLETED FORM TO: Harmony Gate Wellness Center, LLC. 224 Silver Bluff Rd. Aiken, SC 29803. Phone: (803) 649-4047

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