



*South Park Chiropractic & Acupuncture Center*  
**DR. KELVIN M. WASHINGTON, P.C.**  
 DACBSP, FICS, Dipl. Ac (IAMA)  
**CHIROPRACTOR**

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | Have you had any headaches during the last week?                | YES | NO |
| 2.  | Have you had any anxiety during the past week?                  | YES | NO |
| 3.  | Have you been depressed during the last week?                   | YES | NO |
| 4.  | Have you had any difficulty concentrating during the last week? | YES | NO |
| 5.  | Have you had dizziness during the last week?                    | YES | NO |
| 6.  | Have you had trouble remembering things during the last week?   | YES | NO |
| 7.  | Have you had blurry or double vision during the last week?      | YES | NO |
| 8.  | Have you had trouble thinking during the past week?             | YES | NO |
| 9.  | Have you been irritable during the past week?                   | YES | NO |
| 10. | Have you been tired a lot during the past week?                 | YES | NO |
| 11. | Have you been sensitive to bright light during the past week?   | YES | NO |
| 12. | Have you been sensitive to loud noise during the last week?     | YES | NO |

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