

Please type on the lines and click in the boxes to complete this page as it applies to you.

Dr. Barry Lieberman, DC
Chiropractic with Whole Body Nutrition/Detoxification
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Name: _____ Sex: M F Age _____

Zip: _____ Occupation _____

Phone: _____ (home cell work)

e-mail: _____ @ _____ We NEVER give your information to anyone else; it is confidential.

Are you presently under Chiropractic or Nutritional care? Yes No

Have you ever been under Chiropractic care? Yes No

If you had a problem that Chiropractic/Nutrition/Detoxification could solve, would you consider chiropractic care? Yes No

Please check below if you had, or have:

	<u>past</u>	<u>present</u>		<u>past</u>	<u>present</u>
Headache/Migraine	_____	_____	High Blood Pressure	_____	_____
Allergies	_____	_____	Neck Pain/Stiffness	_____	_____
Sinus problems	_____	_____	Muscle Stiffness/Ache	_____	_____
Fatigue/ Low Energy	_____	_____	Low Back Pain/Stiff	_____	_____
Insomnia	_____	_____	Sciatica/Leg Pain	_____	_____
Heartburn	_____	_____	Arthritis/Joint Pain	_____	_____
Gas or bloating	_____	_____	Shoulder Pain/Stiff	_____	_____
Asthma	_____	_____	Arm Pain/Stiffness	_____	_____
Frequent Colds	_____	_____	Numbness/Tingling	_____	_____
Anxiety	_____	_____	Knee Pain	_____	_____
Stress	_____	_____	Hip Pain	_____	_____
“ADD” / ”ADHD”	_____	_____	Infertility/sub-fertility	_____	_____
Auto Accident	_____	_____	Menstrual Concerns	_____	_____

I usually take medicine for (symptom): _____

Other Health/Wellbeing concern: _____

What has stopped you in the past from having your problem checked and corrected?

 Time  Money  Other _____

If this button does not work with your computer please send your completed form to:

DrBarryL@wholebodycures.com