

# MASON FAMILY CHIROPRACTIC AND WELLNESS

Name \_\_\_\_\_ Date \_\_\_\_\_

Please **circle** conditions that you would like us to address in your visit. Our goal, as a clinic, is *YOUR* overall wellness, not just chiropractic care.

Flat feet/high arches

Foot or knee pain

Difficulty losing weight

Nutritional advice for past/chronic conditions such as asthma, cancer, IBS, food sensitivity, Crohn's disease, leaky gut syndrome, migraine headaches, chronic fatigue

Detoxifying your body

Food cravings

Irritability, difficulty sleeping or feelings of tiredness or stress all of the time.

Night sweats or other menopausal symptoms

Osteoporosis and ways to maintain and restore bone density for those over 50

Heart disease or high blood pressure

Elevated cholesterol

Other \_\_\_\_\_