



Select-Care Chiropractic, PC

Nutrition • Chiropractic • Wellness

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SYMPTOM SURVEY -

Check any of the following which you currently have or experience on a regular basis:

ACID FOODS UPSET/REFLUX
KEYED UP FAIL TO CLAIM - STARTLES EASILY
MUSCLE TENSION
SUBJECT TO COLDS, ASTHMA, BRONCHITIS, ALLERGIES
MUSCLE CRAMPS AT NIGHT
CRAVE CANDY OR COFFEE IN THE AFTERNOONS
EYES OR NOSE WATERY
CONSTIPATION/DIARRHEA ALTERNATED (USE LAXATIVES)
INDIGESTION/LOWER BOWEL GAS SEVERAL HOURS AFTER EATING
DRY SKIN

HEART PALITATES
BRUISE EASILY/CUTS HEAL SLOWLY
FREQUENT SKIN RASHES
FATIGUE EASILY
HISTORY OF GALL BLADDER ATTACKS/STONES
INSOMNIA
MENTAL SLUGGISHNESS
ARTHRITIC TENDENCIES
WEIGHT GAIN AROUND HIPS OR WAIST
IRRITABILITY AND RESTLESSNESS

List the three (3) Main Complaints you have in the order of their importance:

1. _____
2. _____
3. _____

Nutritional changes can help alleviate many of these symptoms!

Are you interested in receiving a nutritional consultation at our office to find out more about what you can do to eliminate these problems?

___ YES ___ NO