FREEFORM CHIROPRACTIC

INFLAMMATION ASSESSMENT

PLEASE RATE THE SEVERITY THAT YOU HAVE FOR EACH OF THE FOLLOWING.

0 = NONE 1 = MILD 2 = MODERATE 3 = SEVERE

CONSTIPATION AND / OR DIARRHEA	0	1	2	3
ABDOMINAL PAIN OR BLOATING	0	1	2	3
MUCOUS OR BLOOD IN STOOL	0	1	2	3
JOINT PAIN OR SWELLING, ARTHRITIS	0	1	2	3
CHRONIC OR FREQUENT FATIGUE OR TIREDNESS	0	1	2	3
FOOD ALLERGIES, SESITIVITIES OR TOLERANCES	0	1	2	3
SINUS OR NASAL CONGESTION	0	1	2	3
CHRONIC OR FREQUENT INFLAMMATIONS	0	1	2	3
ECZEMA, SKIN RASHES OR HIVES (URTICARIA)	0	1	2	3
ASTHMA, HAY FEVER, OR AIRBORNE ALLERGIES	0	1	2	3
CONFUSION, POOR MEMORY OR MOOD SWINGS	0	1	2	3
USE OF NSAIDS 9 (ASPRAIN, TYLENOL, MOTRIN)	0	1	2	3
HISTORY OF ANTIBIOTIC USE	0	1	2	3
ALCOHOL CONSUMPTION MAKES YOU FEEL SICK	0	1	2	3
ULCERATIVE COLITIS OR CELIAC'S DISEASE	0	1	2	3
RESTRICTION OF DAILY ACYIVITIES	0	1	2	3
NAUSEA	0	1	2	3
WEIGHT TROUBLE	0	1	2	3

Total score: _____