APOLLO CHIROPRACTIC
HEALTH AND WELLNESS, LLC

6911 Taylor Ranch Rd NW, STE C-8, Albuquerque, NM 87120

Phone: (505) 792-3311; email: apollo-chiro@comcast.net

Please List All Medications and Supplements You Use.

DATE	NAME	DOSE	PURPOSE	STARTED
		PRESCRIPTION MEDICATION		
		OVER THE COUNTER MEDICATION		
		SUPPLEMENTS / VITAMINS / HERBS		

Please list your physical activities

TYPE OF ACTIVITY	DURATION OF ACTIVITY	PURPOSE (WORK, EXERCISE, PLEASURE, OTHER)	DOES THIS CAUSE PAIN OR DISCOMFORT? Yes or No	PAIN or DISCOMFORT SCALE 0 = No Pain 10 = Worst Possible