

Low energy

Circle any of the following body signals that you have experienced in the past 6 months.

Inability to concentrate

Headaches/ Tension migraines

Sporadic energy Low back pain Tired, fatigued Dizziness Carpal Tunnel Arm numbness/tingling ADHD	Inconsistent bowel movem Back pain (Upper or Middle Tired after eating Poor sleep Neck Pain Leg numbness/tingling Wrist/elbow pain	e) Allerg Diges Weigl Restr Shou	ousness plies stive problems ht problems icted range of motion lder pain
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Which of the above is the worst? When is it at its worst, how does it feel?		How long have you had it?	
Does this cause you to be: Moody		How does this affect your work? Decision making	
Irritable		Poor attitude	
Interrupted during sleep		Decreased production	
Restricted on daily activities		Exhausted at end of day Unable to work long hours	
How does this affect you		-	e to get rid of this
Lose patience with spouse or children		problem?	
Restricts household duties Hinders & hobbies, exercise, sports		Yes	No
This w I would like to co Manag	chedule an appointment for a control of the control	pe helped by Dr. I ress Managemen	Diehl. t, or Weight
Comments:	unent.		
Name:	Phone #:		