LaBarbera Family Chiropractic, LLC Re-GEN SoftWave Therapy and Neuropathy Treatment
2719 Genesee St. Utica, NY 13501 (315) 724-0368

Patient: _____ Acct #: _____ Date: _____

NEUROPATHY QUESTIONNAIRE

When did you first experience your symptoms? _____

What symptoms do you have?

___ Numbness / Tingling in Arms / Hands / Fingers or Legs / Feet / Toes

___ Pain / Burning in Arms / Hands / Fingers or Legs / Feet / Toes

___ Weakness in Arms / Hands / Fingers or Legs / Feet / Toes

___ Cold Arms / Hands / Fingers or Legs / Feet / Toes

___ Loss of movement in Arms / Hands / Fingers or Legs / Feet / Toes

___ Loss of Balance / Trouble Walking

___ Color changes (white, ashen, purple, black) of your arms, hands, fingers, legs, feet, toes

___ Trouble with digestion or bladder control

Do you have any of the following?

___ Diabetes

___ A history of Smoking ___ Never Smoked ___ Currently Smoke ___ Former Smoker

___ Spinal Stenosis ___ Herniated Disc ___ Arthritis in Your Spine

___ Peripheral Artery Disease ___ Raynaud's Disease ___ Poor Circulation

___ Worked around industrial chemicals or exposed to insecticides / pesticides

___ Had Chemotherapy

Do you take cholesterol (statin) medication? _____

Do you exercise regularly? _____

Do you take any supplements? _____

Are you on any medications specifically for neuropathy? _____

What improvements are you looking to gain from care in this office? _____

_____

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