

Date: _____

Location: _____

TP PS None DNC HCC



STRESS SURVEY

How stressed are you??

Name: _____ Phone (home): _____

Address: _____ City: _____ State: _____

Zip: _____ E-mail: _____

Please check any of the following symptoms you have experienced within the last 6 months:

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Shoulder Pain | <input type="checkbox"/> Other |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Joint Pain | |
| <input type="checkbox"/> Difficulty Sleeping | <input type="checkbox"/> Dizziness | |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Heartburn | |
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Digestive Problems | |

Which of the above concerns you the most? _____

How long have you been suffering by this condition? _____

Have you ever been in a car accident? Y N If, Yes, when? _____

Have you ever seen a healthcare professional for any of these problems? Y N

-----OFFICE USE-----

Appointment scheduled for: _____ at _____ am/pm

Thank you for taking the time to tell us about your health issues. We know how important your health is to you.

Dr. Blackstone will review your survey and see if there is some way he can try to help you.

Our office will follow-up with you in the next 5 business days, unless you are already scheduled within that time frame.

Our office is located at:

9832 N. Hayden Rd., Suite 207

Scottsdale, AZ 85258 (NW corner of Hayden Rd. & Mountainview Rd., behind the Church)

(480) 244-1830

Our web address is: **www.drblackstone.com**

Appointment scheduled for: _____ at _____ am/pm

Your referrals are much more than business to me, they're the highest compliment I can ever receive.

Thank you for your trust in me.