

STATEMENT OF CASE FOR FREE CONSULTATION

Name?..... Occupation?.....
 Age?..... Married or Single?.....
 Post Office?..... County?.....
 Province?..... Express Office?.....
 Present weight?..... Former weight?.....
 Height?..... Any previous illness?.....
 Sleep well?..... How many hours?.....
 Awake refreshed?..... Night sweats?.....
 Any headache?..... What part of the head?.....
 How is your sight?..... Does reading cause headache?..... Appetite?.....
 Tongue coated?..... Digestion good?.....
 Sour risings?..... Any distress or pain?..... Where?.....
 When?..... Sharp or dull?.....
 How often do your bowels move?..... Any piles?.....
 Eyes and skin yellow?..... Pale?..... Palpitation of heart?.....
 When?..... Cold feet and hands?..... Dizzy spells?.....
 Catarrh?..... If so, what is character of discharge?.....