

Where is your pain?

Scan: _____

1. Since last visit:

a. better same gone worse

b. Any changes: _____

2. NEW INJURY? Please answer:

a. When did your pain start? _____

b. Have you had this before? Y N When? _____

c. How did it happen: _____

d. Is it: *mild moderate severe pain dull/achy throbbing sharp prickly/tingle?*

e. Does it stop you from doing anything? _____

f. Pain worse in: AM PM doesn't matter

g. Taking any medications/supplements? _____

h. Do you have a family history of this? _____

3. Has your insurance changed? Y N If so, please give card to staff.

For each site of pain, please rate the quality on a 1-10 scale: 1 minimal, 10 extreme.

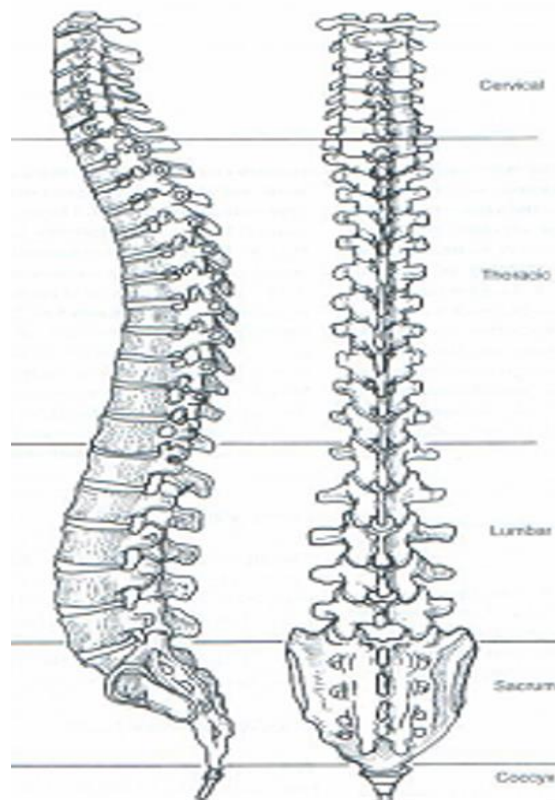
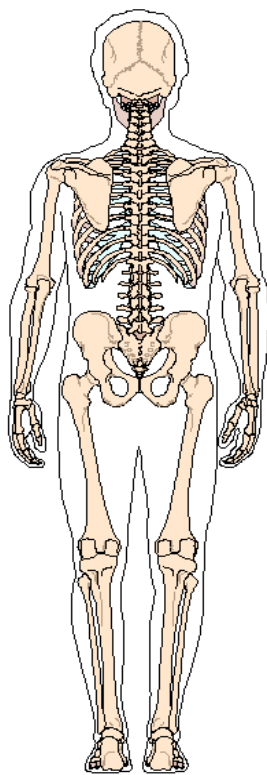
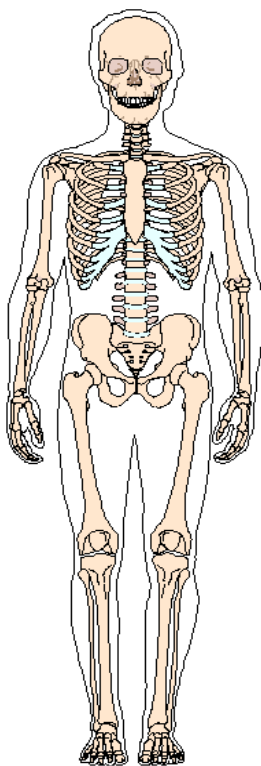
R

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L

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Do not mark the spine



Notes: _____

Assignment/Release: I hereby authorize that my insurance benefits will be paid directly to the doctor. I further acknowledge that I am financially responsible for non-covered services. I also authorize the doctor to release any information required to pay this claim. Signature: _____

Print name: _____ Home Phone: _____ Date: _____