



Dr. Robert Manfredini, D.N.

Naprapathy & Wellness

# Where is your pain?

1. Mark on the diagram where it hurts and radiates to (if applicable).
2. Answer the questions (if applicable).
3. Please print your name, phone number, and date.

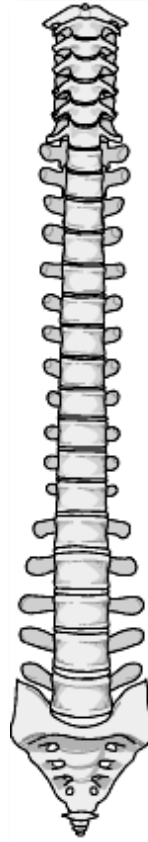
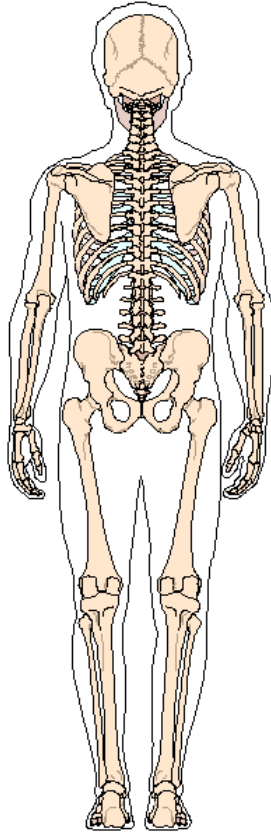
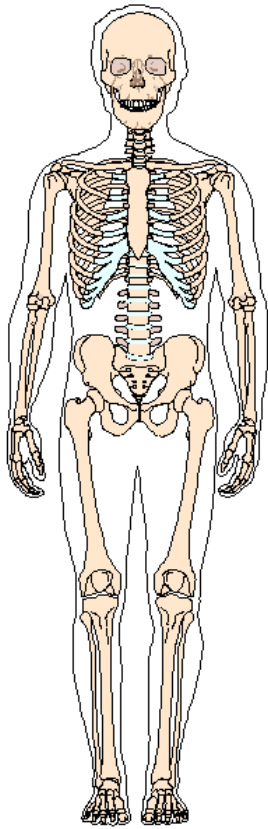
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***Please Do Not Mark The Spine***



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

1. What date did your pain start? \_\_\_\_\_ **AND** Since last visit: better worse same gone N/A
2. Have you had this before? Y N If so, when? \_\_\_\_\_
3. Is it: *mild moderate severe pain dull/achy throbbing sharp prickly/tingle?*
4. Any medications/allergies? \_\_\_\_\_
5. How did it happen: \_\_\_\_\_
6. Has your insurance changed? Y N If so, new info: \_\_\_\_\_

Print Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_