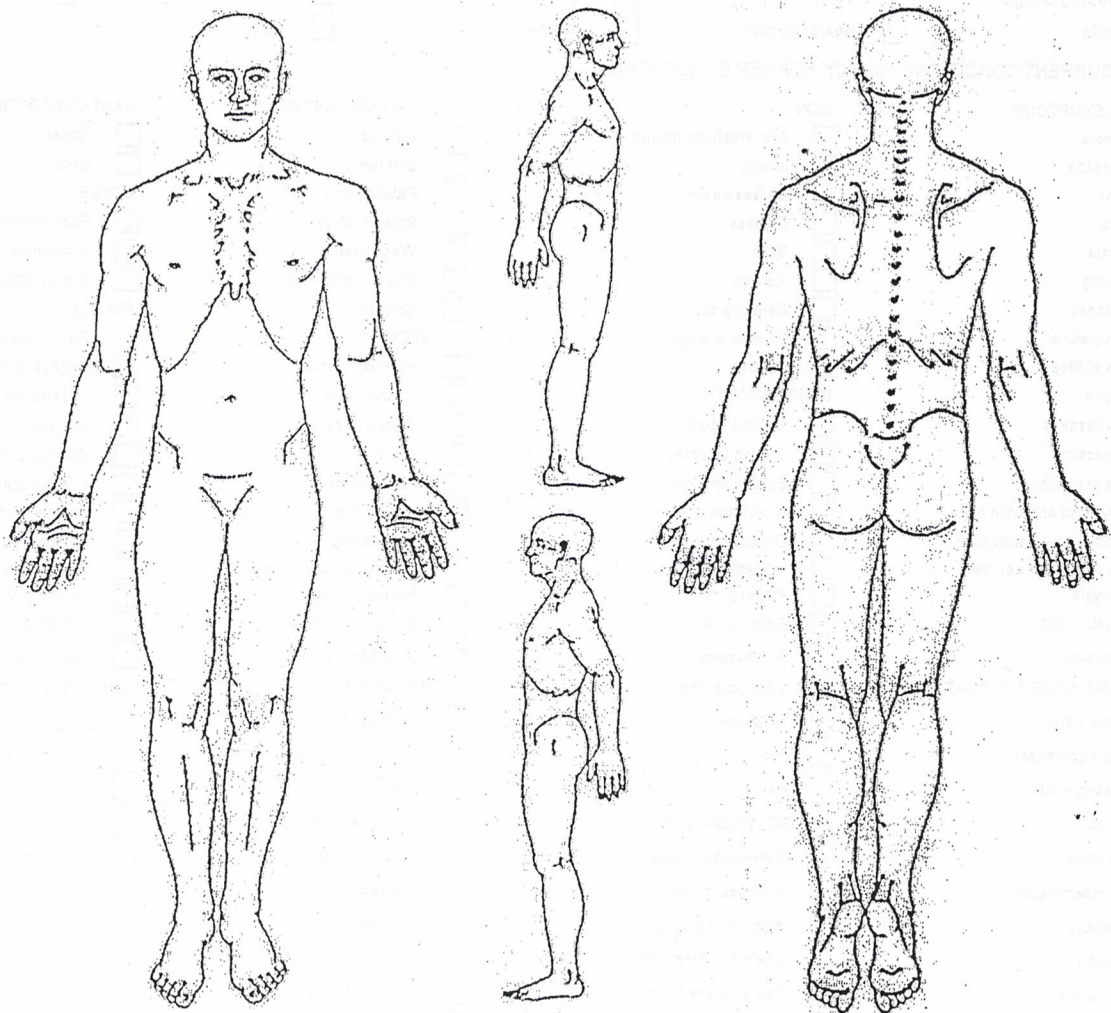


# PAIN ASSESSMENT DRAWING

Draw the location of your pain on the body outlines using the appropriate symbol. Include all affected areas. Mark the severity of your pain at the bottom of the page.

ACHE	BURNING	NUMBNESS	PINS & NEEDLES	STABBING
ZZZ	BBB	XXX	===	///
ZZZ	BBB	XXX	===	///



NO PAIN    1    2    3    4    5    6    7    8    9    10    INTOLERABLE PAIN  
 CIRCLE YOUR PAIN ESTIMATE

I understand and agree that health and accident Insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance carrier, and that any amount authorized to be paid to the doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care at this office, any outstanding charges for professional services rendered me will be immediately due and payable.

Patient's Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

Guardian or Spouse's Signature Authorizing Care \_\_\_\_\_ Patient# \_\_\_\_\_

Below are a list of diseases which may seem unrelated to the purpose of your appointment, however, these questions must be answered carefully, as these problems can affect your overall course of chiropractic care.

CHECK ANY OF THE FOLLOWING DISEASES YOU HAVE HAD:

- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Pneumonia       | <input type="checkbox"/> Mumps         | <input type="checkbox"/> Influenza       | <input type="checkbox"/> Appendicitis  | <input type="checkbox"/> Measles          |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Small Pox     | <input type="checkbox"/> Pleurisy        | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Thyroid          |
| <input type="checkbox"/> Polio           | <input type="checkbox"/> Chicken Pox   | <input type="checkbox"/> Arthritis       | <input type="checkbox"/> Diphtheria    | <input type="checkbox"/> Eczema           |
| <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Epilepsy        | <input type="checkbox"/> Typhoid Fever | <input type="checkbox"/> Alcoholism       |
| <input type="checkbox"/> Whooping Cough  | <input type="checkbox"/> Cancer        | <input type="checkbox"/> Mental Disorder | <input type="checkbox"/> Malaria       | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Anemia          | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Lumbago         | <input type="checkbox"/> Gout          |   |

CIRCLE CURRENT CONDITIONS - CHECK FORMER CONDITIONS

GENERAL SYMPTOMS

- Tremors
- Headache
- Fever
- Chills
- Sweats
- Fainting
- Dizziness
- Convulsions
- Loss of Sleep
- Fatigue
- Nervousness
- Depression
- Loss of weight
- Numbness or pain in arms, hands, elbows, shoulders, hips, legs, knees or feet
- Paralysis
- Forgetfulness
- Confusion

EYES, EARS, NOSE & THROAT

- Falling vision
- Near sightedness
- Crossed eyes
- Eye pain
- Eye strain
- Eye inflammation
- Deafness
- Earache
- Ear noises
- Ear discharge
- Nose bleeds
- Nasal obstruction
- Sore throat
- Hoarseness
- Difficult speech
- Hay Fever
- Allergies
- Dental decay
- Gum troubles
- Frequent colds
- Enlarged thyroid
- Tonsillitis
- Sinus infection
- Nasal drainage
- Enlarged glands

SKIN

- Skin eruptions itching
- Itching
- Bruises easily
- Dryness
- Boils
- Rashes
- Sensitive skin
- Hives or allergy
- Eczema

RESPIRATORY

- Chronic cough
- Spitting up phlegm
- Spitting up blood
- Chest pain
- Difficult breathing
- Wheezing
- Pneumonia
- Tuberculosis
- Emphysema
- Whooping Cough
- Influenza
- Pleurisy
- Asthma

CARDIO - VASCULAR

- Rapid beating heart
- Slow beating heart
- High blood pressure
- Low blood pressure
- Pain over the heart
- Stroke
- Hardening of arteries
- Swelling of ankles
- Poor circulation
- Heart attack
- Varicose veins

MUSCLE AND JOINT

- Stiff neck
- Back ache
- Swollen joints
- Painful tail bone
- Foot trouble
- Pain between shoulders
- Hernia
- Spinal curvature (Scoliosis)
- Faulty posture

MUSCLE AND JOINT CONT.

- Arthritis
- Stiff joints
- Painful joints
- Sore muscles
- Weak muscles
- Walking problems
- Sciatica

GENITOURINARY

- Frequent urination
- Scanty urine
- Painful urination
- Blood in urine
- Pus in Urine
- Kidney infection or stones
- Bed wetting
- Inability to control urine
- Prostate trouble
- Bladder trouble
- Discolored urine

GASTROINTESTINAL

- Poor appetite
- Excessive hunger
- Difficult chewing
- Difficult swallowing
- Belching or gas
- Nausea
- Vomiting
- Vomiting of blood
- Pain over the stomach
- Distention of Abdomen
- Constipation
- Diarrhea
- Black stool
- Bloody stool
- Colon trouble
- Hemorrhoids (Piles)
- Intestinal worms
- Liver trouble
- Gall bladder trouble
- Jaundice
- Colitis
- Weight trouble
- Antibiotic therapy
- Appendicitis
- Ulcers

GASTROINTESTINAL CONT.

- Gout
- Gout

OTHER

- Foot Orthotic / Supports
- Prosthesis
- Breast Implants

FEMALE

- Painful menstrual periods
- Excessive flow
- Hot flashes
- Irregular cycle
- Cramps or back ache
- Miscarriage
- Vaginal discharge
- Vaginal pain
- Breast pain
- Lumps in the breast
- Menopausal symptoms
- Abnormal bleeding

When was your last period?

Are you Pregnant:

- Yes
- No
- Not sure

DO NOT WRITE BELOW THIS LINE

CHIROPRACTIC ANALYSIS  
Diagnosis:

Patient Accepted:  Yes  No

Doctor's Signature