Health and Wellness
Chiropractic Center P.C.
Healthy Body • Healthy Spine • Healthy Solution

Reason For Your Visit - Please write down below anything that you want the doctor to know.

_____

_____

_____

Immediately following my last visit (if applicable) I felt: Better Same Worse

Since I Started for this problem I feel: Better Same Worse

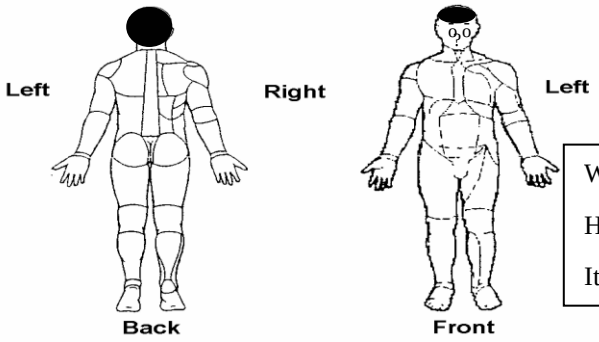
Rate the Severity of Your Pain (If Any):

No Pain — Mild — Moderate — Severe — Pain as Bad as it Could Be

0 1 2 3 4 5 6 7 8 9 10

Describe the Pain or sensation

☐ Sharp ☐ Dull ☐ Throbbing ☐ Numbness ☐ Aching ☐ Shooting
☐ Burning ☐ Tingling ☐ Cramps ☐ Stiffness ☐ Swelling ☐ Other



On the diagram to the left, please mark the areas where you are presently having a complaint.

When did your symptoms begin? _____

How often are symptoms present? Occasional Frequent Constant

It bothers me most when I _____

Pain intensity: 0)No pain 1)Mild pain 2)Moderate pain 3)Severe pain 4)Worst possible pain

Sleeping: 0)Perfect 1)Mildly disturbed 2)Moderately disturbed 3)Greatly disturbed 4)Totally disturbed

Personal care (washing, dressing, etc.): 0)No pain/no restrictions 1)Mild pain/no restrictions 2)Moderate pain/need to go slowly 3)Moderate pain/need some assistance 4)Severe pain/need 100% assistance

Travel (driving, flying, etc.): 0)No pain on long trips 1)Mild pain on long trips 2)Moderate pain on long trips 3)Moderate pain on short trips 4)Severe pain on short trips

Work: 0)Can do usual plus unlimited extra work 1)Can do usual /no extra 2)Can do 50% of usual 3)Can do 25% of usual 4)Cannot work

Recreation: 0)Can do all activities 1)Can do most activities 2)Can do some activities 3)Can do a few activities 4)Cannot do any activities

Frequency of pain: 0)No pain 1)Occasional pain 25% of the day 2)Intermittent pain 50% of the day 3)Frequent pain 75% of the day 4)Constant pain 100% of the day

Lifting: 0)No pain with heavy weight 1)Increased pain with heavy weight 2)Increased pain with moderate weight 3)Increased pain with light weight 4)Increased pain with any weight

Walking: 0)No pain any distance 1)Increased pain after one mile 2)Increased pain after one half-mile 3)Increased pain after one quarter-mile 4)Increased pain with all walking

Standing: 0)No pain after several hours 1)Increased pain after several hours 2)Increased pain after one hour 3)Increased pain after one half-hour 4)Increased pain with any standing

Print: _____ Signature: _____ Date: _____