



Welcome to Heinen Chiropractic, S.C.

Do you have a specific concern that brings you in?

No. I'm interested in having my nervous system assessed to achieve optimal health.

Yes: _____

If yes, please answer the following questions:

What are your present symptoms? _____

How did your symptoms begin? _____

How long have you had this condition? _____ Have you had this or similar conditions in the past? _____

How often is it present? _____ Is it getting worse? _____

What activities or positions aggravate your condition? _____

What activities or positions make your condition better? _____

List any previous diagnoses and treatments you have received for this condition: _____

What do you believe is wrong with you? _____

1 – Rate your pain RIGHT NOW

No Pain _____ Worst Possible pain _____

0 1 2 3 4 5 6 7 8 9 10

2 – Rate your TYPICAL OR AVERAGE pain

No Pain _____ Worst Possible pain _____

0 1 2 3 4 5 6 7 8 9 10

3 – Rate your pain AT ITS WORST (how close to a "10" does your pain get?)

No Pain _____ Worst Possible pain _____

0 1 2 3 4 5 6 7 8 9 10

4 – Rate your pain AT ITS BEST (how close to a "0" does your pain get?)

No Pain _____ Worst Possible pain _____

0 1 2 3 4 5 6 7 8 9 10

PAIN DIAGRAM

Please complete the following "Pain Diagram" by using letters to indicate your areas of pain.

P. PAIN
T. TINGLING
N. NUMBNESS
B. BURNING
S. STIFFNESS

FRONT **BACK**

RIGHT LEFT LEFT RIGHT

Initial Here _____

Patient Name (Print): _____

Patient Signature: _____ Date: _____