

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? _____

For how long? _____ Have you had this or similar symptoms 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? _____

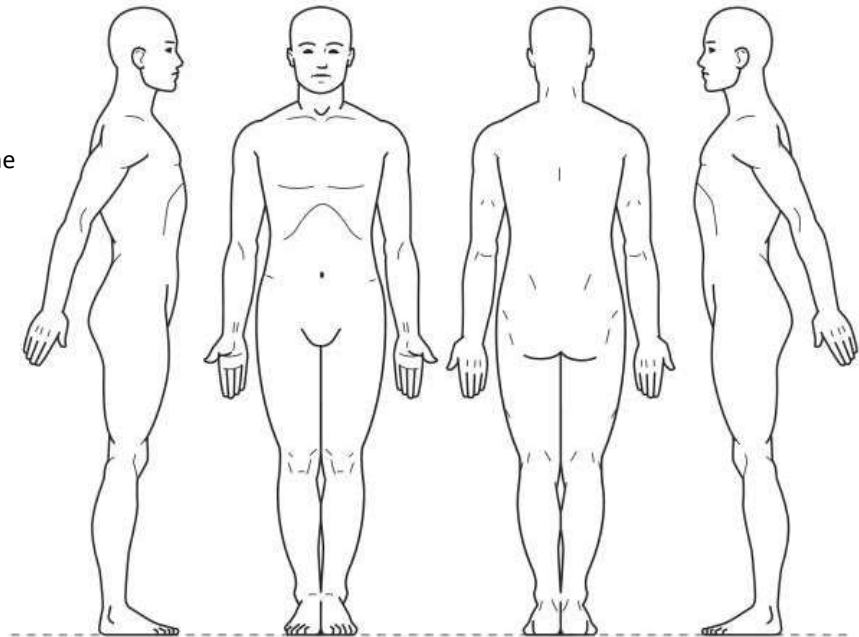
List any previous diagnoses and treatments you have received for this condition: _____

What do you believe is wrong with you? _____

PAIN DIAGRAM

Please complete the diagram by using the letters to indicate your area of pain.

- A: ACHE
- T: TINGLING
- N: NUMBNESS
- B: BURNING
- F: STIFFNESS
- S: SHARP / STABBING



Rate your pain **RIGHT NOW**: no pain _____ worst possible pain _____

0 1 2 3 4 5 6 7 8 9 10

Rate your **TYPICAL** pain: no pain _____ worst possible pain _____

0 1 2 3 4 5 6 7 8 9 10

Rate your pain at **WORST**: no pain _____ worst possible pain _____

0 1 2 3 4 5 6 7 8 9 10

Rate your pain at **BEST**: no pain _____ worst possible pain _____

0 1 2 3 4 5 6 7 8 9 10

Patient Name (Print): _____ Patient Signature: _____ Date: _____