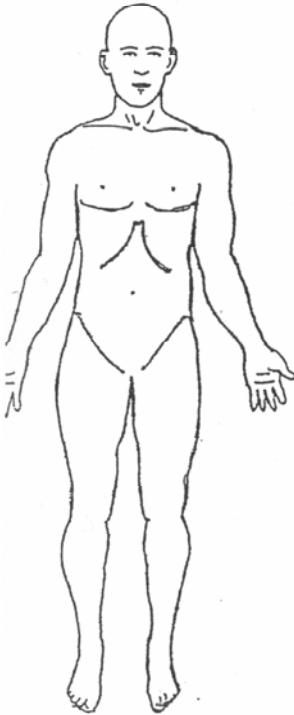


Name \_\_\_\_\_ Date \_\_\_\_\_

Please indicate the appropriate location of pain and the symbol that best describes the discomfort you are presently experiencing.

Sharp and Stabbing = ++++  
 Dull and Achy = VVVV  
 Pins and Needles = 0000  
 Numbness = ////



How have you improved? (0% at first visit - 100% optimal health)

\_\_\_\_\_ (ie -- 80% improvement with increased energy)

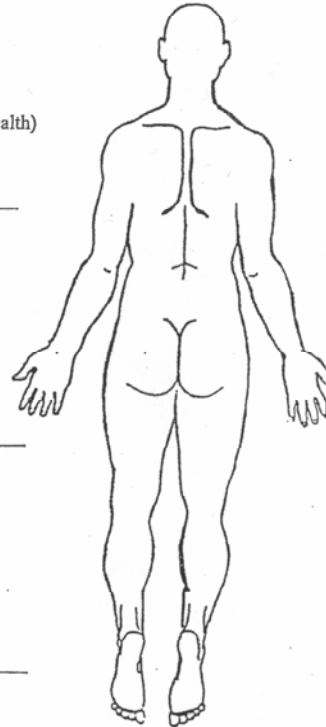
Are there any changes or new updates?

\_\_\_\_\_

Describe any internal symptoms  
 You may be experiencing  
 (ie. - heartburn, stomachs, etc)

\_\_\_\_\_

\_\_\_\_\_



Please check the appropriate # to describe your present pain level:  
 With 0 being Normal / or no pain; and 10 being very severe pain.

C = CONSTANT  
 I = INTERMITTENT

Area of pain	Normal		Mildly in pain			Moderate pain				Severe pain				
Neck	0	1	2	3	4	5	6	7	8	9	10	C	I	
Middle back	0	1	2	3	4	5	6	7	8	9	10	C	I	
Lower back	0	1	2	3	4	5	6	7	8	9	10	C	I	
Hip(s) Lt Rt	0	1	2	3	4	5	6	7	8	9	10	C	I	
Shoulder(s) Lt Rt	0	1	2	3	4	5	6	7	8	9	10	C	I	
Arm(s) Lt Rt	0	1	2	3	4	5	6	7	8	9	10	C	I	
Leg(s) Lt Rt	0	1	2	3	4	5	6	7	8	9	10	C	I	
Headaches	0	1	2	3	4	5	6	7	8	9	10	C	I	
Other:	0	1	2	3	4	5	6	7	8	9	10	C	I	
Other:	0	1	2	3	4	5	6	7	8	9	10	C	I	
Other:	0	1	2	3	4	5	6	7	8	9	10	C	I	