

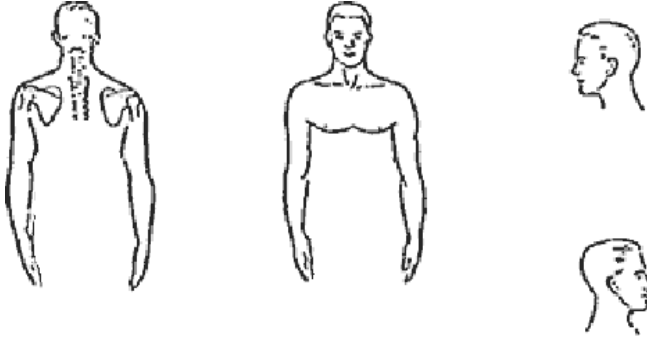
Name _____

Date _____

Using the diagrams, please circle each region where sensations are felt. Using the letter(s) below to mark the circled region(s), indicate the type of your current symptom(s) on the diagram(s).

B = Burning D= Dull Pain/Ache N = Numbness
P = Pins & Needles S = Sharp pain T = Tightness
O = Other

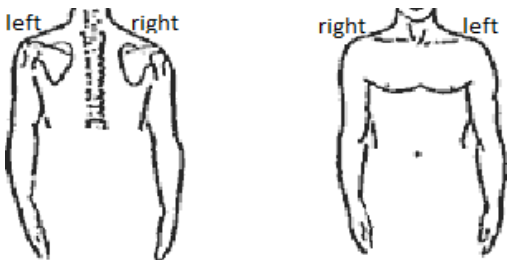
Symptom #1 Neck/Arms/Hands



Date first noticed _____
Date of most recent episode/flare-up _____
Cause _____ () unknown
What makes it better? _____ () N/A
What aggravates it? _____ () N/A

How much of the time it's present (please circle):
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Please circle the intensity:
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

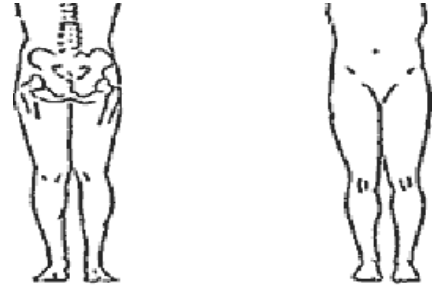
Symptom #2 Mid Back/Shoulders



Date first noticed _____
Date of most recent episode/flare-up _____
Cause _____ () unknown
What makes it better? _____ () N/A
What aggravates it? _____ () N/A

How much of the time it's present (please circle):
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Please circle the intensity:
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

Symptom #3 Low Back/Legs/Feet



Date first noticed _____
Date of most recent episode/flare-up _____
Cause _____ () unknown
What makes it better? _____ () N/A
What aggravates it? _____ () N/A

How much of the time it's present (please circle):
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Please circle the intensity:
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

Symptom #4 Head/Face



Date first noticed _____
Date of most recent episode/flare-up _____
Cause _____ () unknown
What makes it better? _____ () N/A
What aggravates it? _____ () N/A

How much of the time it's present (please circle):
10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Please circle the intensity:
(Mild) 0—1—2—3—4—5—6—7—8—9—10 (Severe)

Other Symptoms: _____

Notes: _____

Rosenthal Chiropractic, P.A.
507 S. Maryland Ave.- Wilmington, DE 19804
302-999-0633

Reviewed by: _____ Date _____
Scott Rosenthal, DC