



Physical Therapy • Chiropractic • Rehab

ABOUT YOU

Today's Date _____ File # _____

Patient Name _____
(Last) (First) (MI)

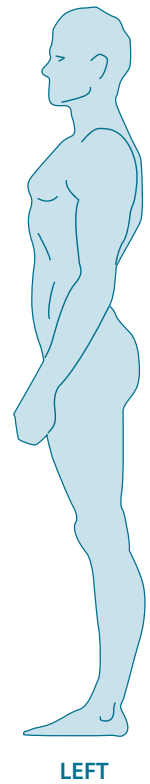
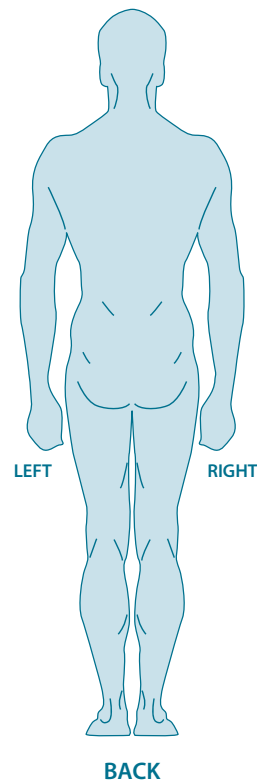
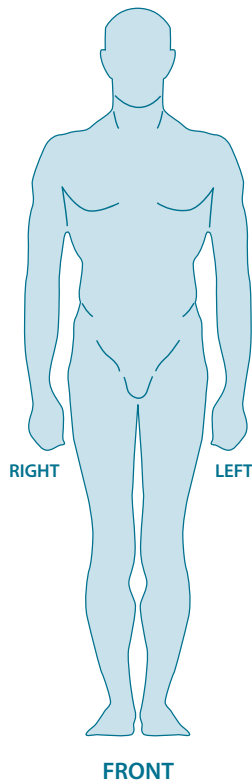
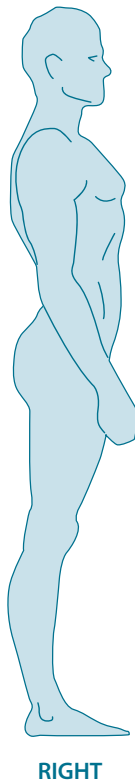
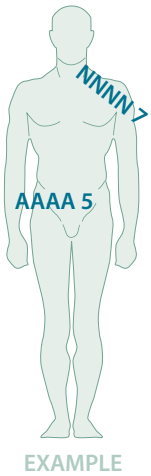
Current weight _____ Height _____

Signature _____

SHOW US WHERE IT HURTS

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description Symbol	Numbness NNNN	Pins & Needles PPPP	Burning BBBB	Aching AAAA	Stabbing SSSS
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Circle any area(s) of pain not represented by a symbol

CONTINUE ON BACK

Lined area for doctor's notes.