

# TOLLAND FAMILY CHIROPRACTIC

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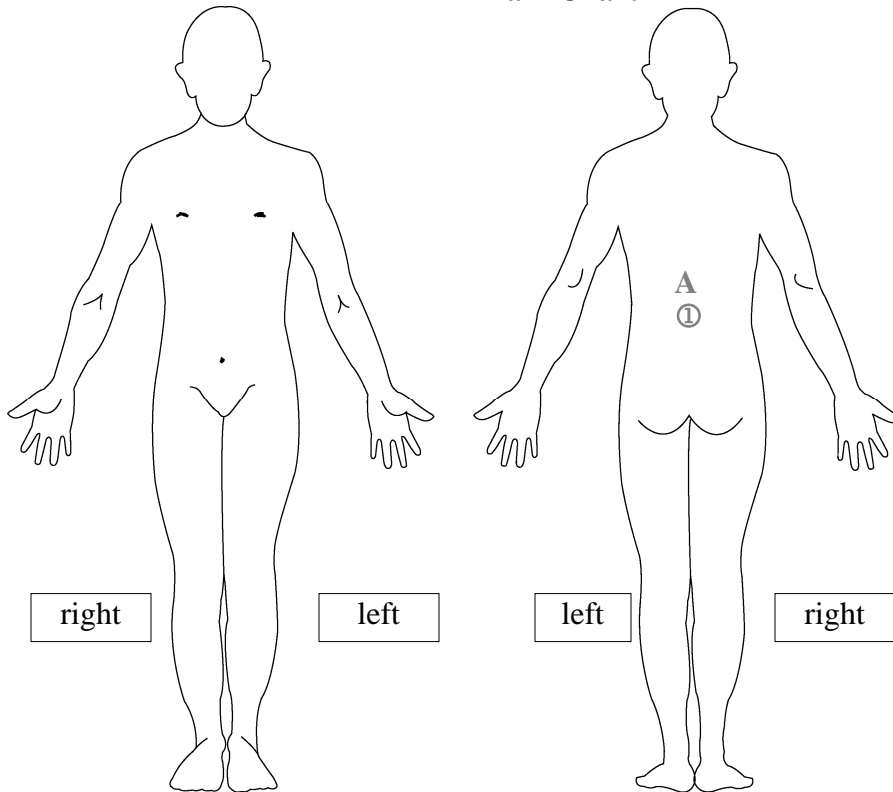
Mark the areas on this body where you feel the described sensations. Use the appropriate symbols. Mark areas of radiation. Include all affected areas. In cases of multiple complaints number each complaint and reference it with the discomfort bar.

**Please be thorough in listing your complaints and please do not diminish your pain.**

Numbness	Pins & Needles	Burning	Aching	Stabbing	Stiff
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Please mark on the pain scale from Zero to 10 the pain you feel with this condition(s). 10 being the worst pain ever.

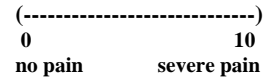
### Pain Chart



For multiple conditions; number them and then on the bar draw a line to the amount of pain and put the number of the condition below it.  
**ex. See mid back** indicates a moderate ache in the mid back

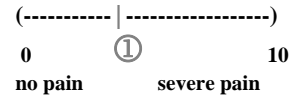
**Neck-Shoulder-Arm-Pain**

On a scale of zero to 10, I rate my discomfort as follows:



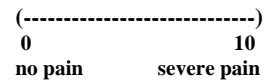
**Mid Back Pain**

On a scale of zero to 10, I rate my discomfort as follows:



**Low Back and Leg Pain**

On a scale of zero to 10, I rate my discomfort as follows:



Additional Notes:

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Date: \_\_\_\_\_

Signature \_\_\_\_\_