MT HOPE CHIROPRACTIC AND WELLNESS

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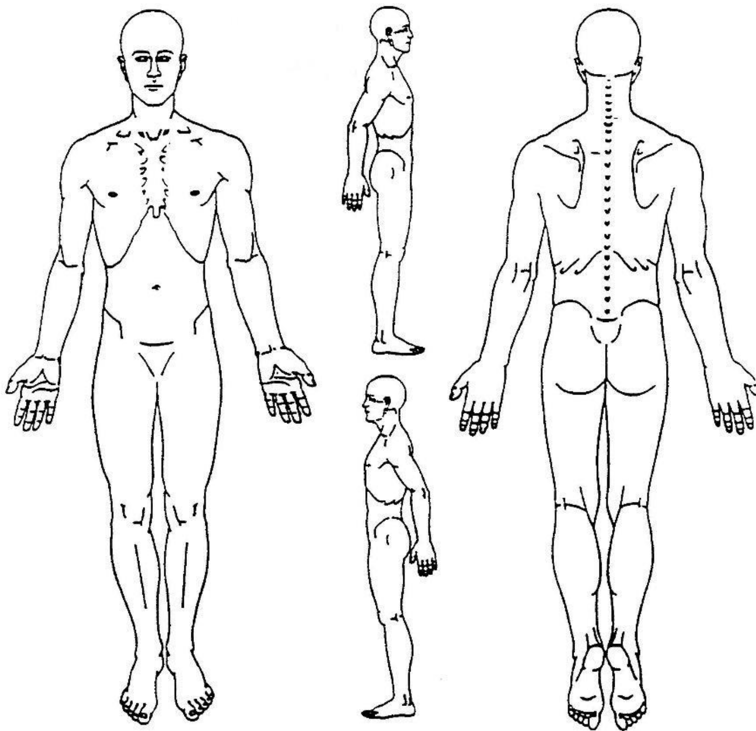
Health Information Date__________



Please use the following symbols to mark where you are experiencing pain/discomfort:

x x x x x - Aching

^^^^^^ - Sharp/Stabbing

oooooo - Pins and Needles

====== - Numbness

~~~~~~ - Burning

What is the BIGGEST reason for your visit today? ____

When did this problem begin? _____________

What were you doing when it began? (If unsure, write unsure) ___________________________________

List procedures, specialists, and other procedures that you have had performed for this problem so far

____

This problem is getting: □ better □ worse □ staying the same

What makes your problem **LESS** noticeable? (if nothing, write nothing)

____

What makes your problem **MORE** noticeable? ____

How would you rate your problem on a 0 to 10 scale, 0 being the least, 10 being the most: ___________

List any medications, and what you take them for ____

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Have you had any other changes in your health in the past year □ **yes** □ **no**

If yes, describe ____
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