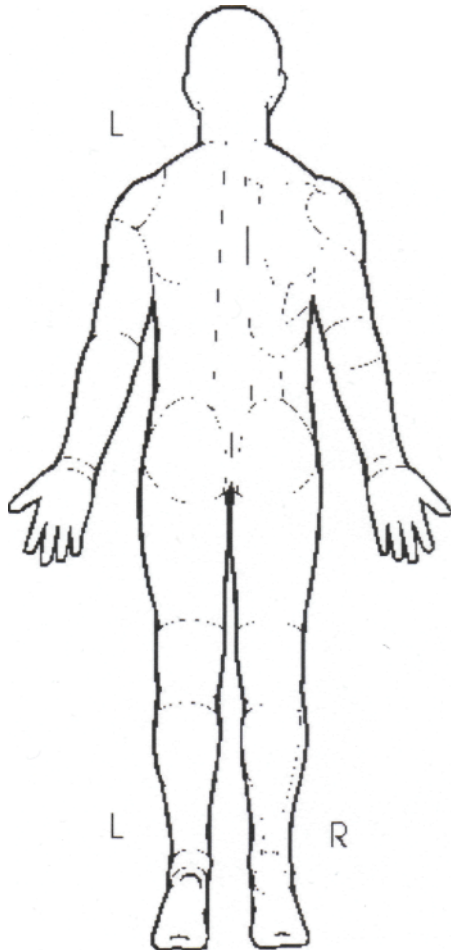
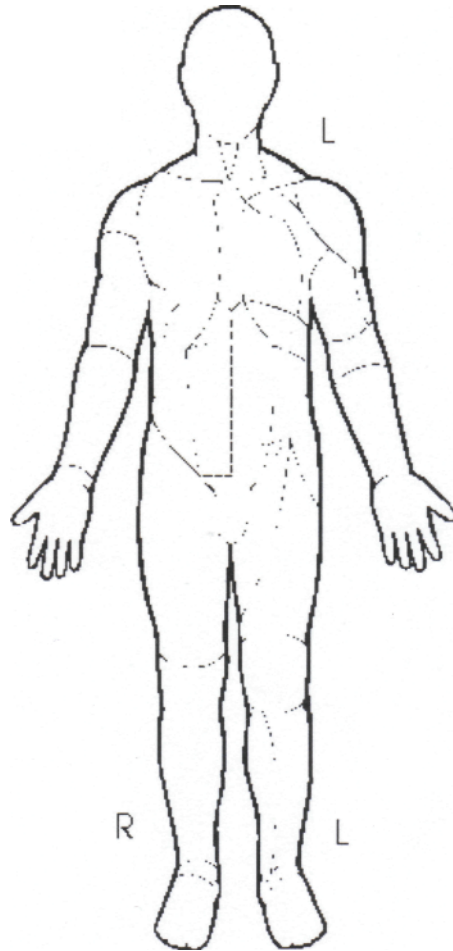


**BACK**



**FRONT**



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

**Please Identify & Describe Any Areas Of Discomfort:**

**Onset:** How did it start? (Sudden Trauma, Gradual, etc.) \_\_\_\_\_

**Duration:** How long have you had the problem? \_\_\_\_\_

**Frequency:** How often does it bother you? (Rarely, Always, etc.) \_\_\_\_\_

**Type:** What does it feel like? (Sharp Pain, Tingling, etc.) \_\_\_\_\_

**Severity:** How bad is the pain? (Mild, Moderate, Severe) \_\_\_\_\_

Please use the back of this sheet or send an email to describe any surgery, car wrecks, childhood injury, or other health history issues.