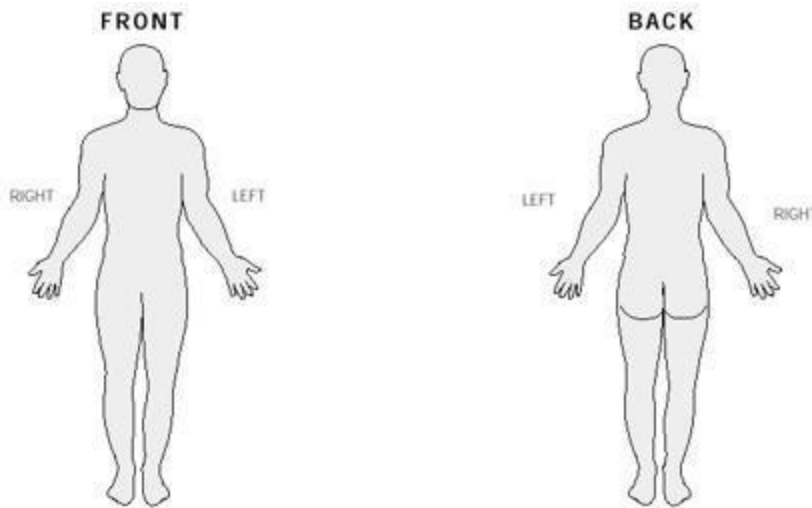


Name _____ Date _____

Primary Onset (circle one): Chronic issue Sports injury Car accident Work injury

Other: _____

Please Indicate On The Diagram Where Your Major Symptoms Are:



Please mark appropriate with letters from chart listed below. (Example: If you have pain in your right knee joint, please put the letter "P" on the right knee on the appropriate drawing).

- CP- Constant Pain**
- S – Swelling**
- N – Numbness**
- R – Redness**
- L – Limitation of movement**

- P – Pain**
- T – Tenderness**
- Tg – Tingling**
- E – Effusion (Puffiness or Edema)**
- W – Weakness**

How long have you had the symptoms? (Itemize different body areas if appropriate)

Symptom List

Bourree Chiropractic

Name _____ Date _____

List Concerns That Brought You In Today:

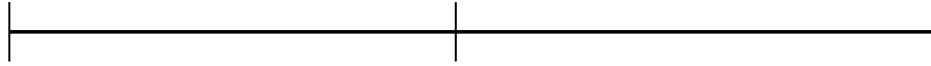
Primary _____

Mild _____ Mod _____ Sharp _____

Constant _____ Intermittent _____

Aches _____ Stabs _____ Burns _____ Other _____

Rate Your Pain



No Pain (0)

Somewhat Tolerable

Most pain you've ever felt (10)

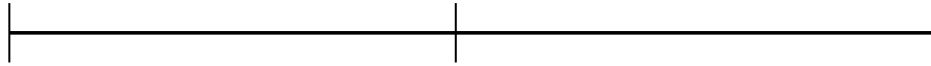
Secondary _____

Mild _____ Mod _____ Sharp _____

Constant _____ Intermittent _____

Aches _____ Stabs _____ Burns _____ Other _____

Rate Your Pain



No Pain (0)

Somewhat Tolerable

Most pain you've ever felt (10)

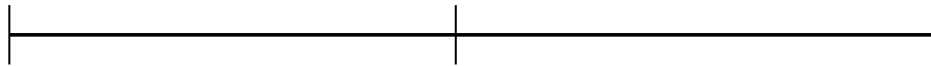
Additional _____

Mild _____ Mod _____ Sharp _____

Constant _____ Intermittent _____

Aches _____ Stabs _____ Burns _____ Other _____

Rate Your Pain



No Pain (0)

Somewhat Tolerable

Most pain you've ever felt (10)

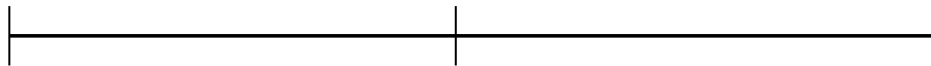
Additional _____

Mild _____ Mod _____ Sharp _____

Constant _____ Intermittent _____

Aches _____ Stabs _____ Burns _____ Other _____

Rate Your Pain



No Pain (0)

Somewhat Tolerable

Most pain you've ever felt (10)

Dr. David Bourree

