

PATIENT NAME _____

CHART # _____

TODAY'S DATE _____

PACIFIC HEIGHTS CHIROPRACTIC

2213 WINCHESTER AVE. REEDSPORT, OR. 97467 (541)271-2456

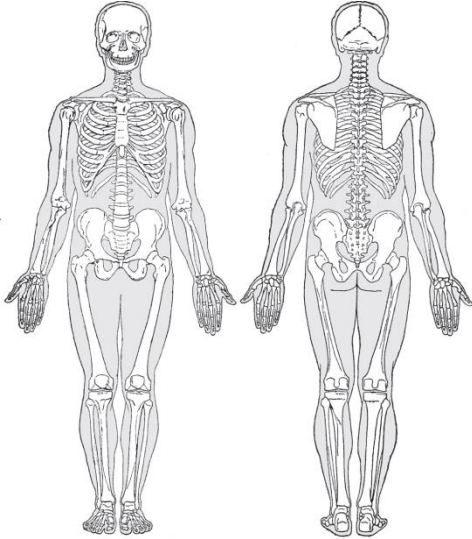
RONALD M. EPLEY D.C., C.C.W.P.

Describe ALL symptoms and complaints noticed since last visit _____

Mark on Drawing

CIRCLE AREAS OF PAIN

A=Ache B=Burning D=Dull S=Stabbing N= Numbness
T=Tingling SF= Stiffness



PAIN SCALE

Please circle the number that best describes your pain right now
(zero is no pain, 10 is worst pain ever)

Percent of day pain is present

Neck	0 1 2 3 4 5 6 7 8 9 10	_____ %
Mid Back	0 1 2 3 4 5 6 7 8 9 10	_____ %
Low Back	0 1 2 3 4 5 6 7 8 9 10	_____ %
Headache	0 1 2 3 4 5 6 7 8 9 10	_____ %
Shoulder	0 1 2 3 4 5 6 7 8 9 10	_____ %
Hip	0 1 2 3 4 5 6 7 8 9 10	_____ %
Other	0 1 2 3 4 5 6 7 8 9 10	_____ %

Compared to your last visit is your pain: Better / Worse / Same.

What is better? _____

Describe any new symptom _____

Patient Signature X _____.

Doctors Notes

check here for additional notes

Ronald M. Epley D.C., C.C.W.P _____