



Dr. Dwight L. Agee
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CHIROPRACTIC CENTER, P.C

Date your pain started: _____

Where are you experiencing pain? (check all that apply and indicate if your pain is on the right, left or both sides)

___ Headache	Left	Right	Both	___ Elbow	Left	Right	Both
___ Neck	Left	Right	Both	___ Wrist	Left	Right	Both
___ Upper back	Left	Right	Both	___ Hip	Left	Right	Both
___ Mid-back	Left	Right	Both	___ Knee	Left	Right	Both
___ Low back	Left	Right	Both	___ Leg	Left	Right	Both
___ Shoulder	Left	Right	Both	___ Ankle	Left	Right	Both
___ Arm	Left	Right	Both	___ Foot	Left	Right	Both
___ Hand	Left	Right	Both	___ Jaw	Left	Right	Both

Please describe below what may have caused your pain. What were you doing or had you been doing when you first began hurting? _____

How often do you feel pain? (please circle one)

intermittent 25% occasional 25-50% frequent 50-75% constant 75%

How would you describe your pain? (please circle one)

minimal mild moderate severe extremely severe

Qualities that help describe the type of pain you are experiencing. (circle ALL that apply)

- | | | | |
|-------------------|-----------|-----------|-----------|
| sharp with motion | stabbing | crampy | crawling |
| burning | lightning | knot | throbbing |
| hot | tingling | spasm | |
| sharp w/no motion | numbness | dull ache | |



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Does your pain radiate from one area into another? If so, where? _____

What makes the pain WORSE? (circle all that apply)

Sitting > _____ min.

Lifting > _____ lbs.

Standing > _____ min.

Driving > _____ min.

Walking > _____ min.

Other: _____

What makes the pain BETTER? (circle all that apply)

Rest

Medication: _____

Ice

Other: _____

Heat

Have you ever this pain in the past? _____ If yes, when _____

Have you had any prior interventions, prescription medications and treatments for your pain? _____
If yes, what? _____

Please list your medical doctors: _____

Are you currently working without restrictions?

YES

NO

If no, please explain: _____ # OF DAYS OFF _____

Additional Comments _____

Are you pregnant ? YES / NO / UNSURE

DAY OF MENSTRUAL CYCLE IS: _____