



REGIONAL CHIROPRACTIC CENTER

L A K E N O R M A N

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Patient Name _____ Date _____

Are you pregnant? Yes _____ No _____ N/A _____

By Using the key below, indicate on the body diagram where you are experiencing the following symptoms:

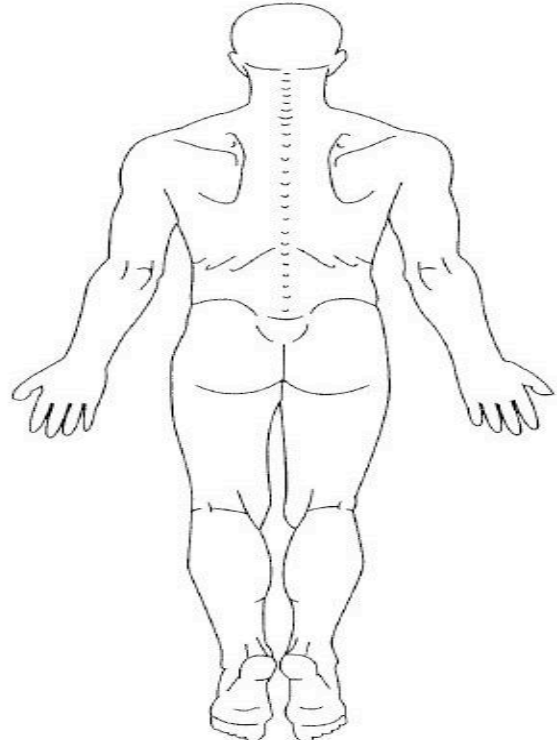
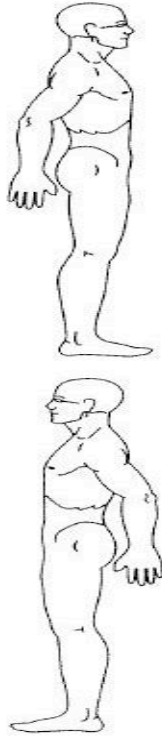
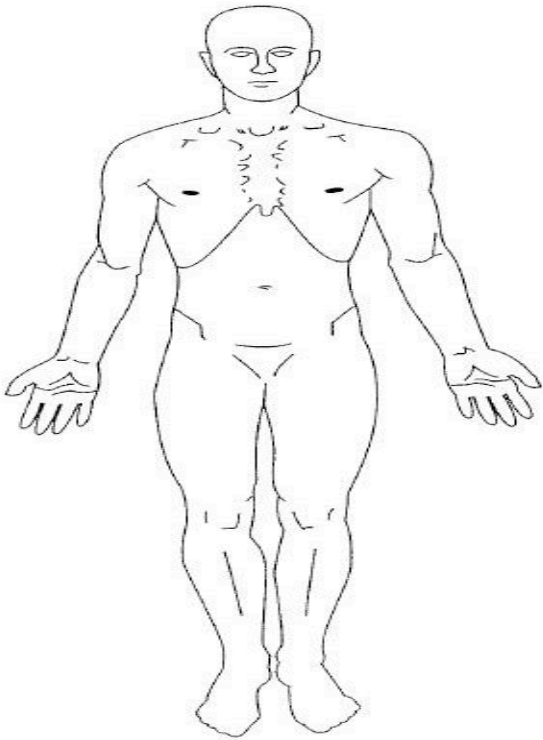
N=Numbness

B=Burning

S=Stabbing

T=Tingling

A=Dull Ache



Describe your symptoms in order of severity, with worse symptom being #1: _____

When did your symptoms begin? Month _____ Day _____ Year _____

Are your symptoms a result of: Motor Vehicle Accident Work related Accident Other _____

How did your symptoms begin? _____

How often do you experience your symptoms?

Constantly

(76-100% of the day)

Frequently

(51-75% of the day)

Occasionally

(26-50% of the day)

Intermittently

(0-25% of the day)

What describes the nature of your symptoms?

Sharp

Dull ache

Numb

Shooting

Burning

Tingling

Stabbing

Other _____