

PLEASE CIRCLE DEGREE OF PAIN

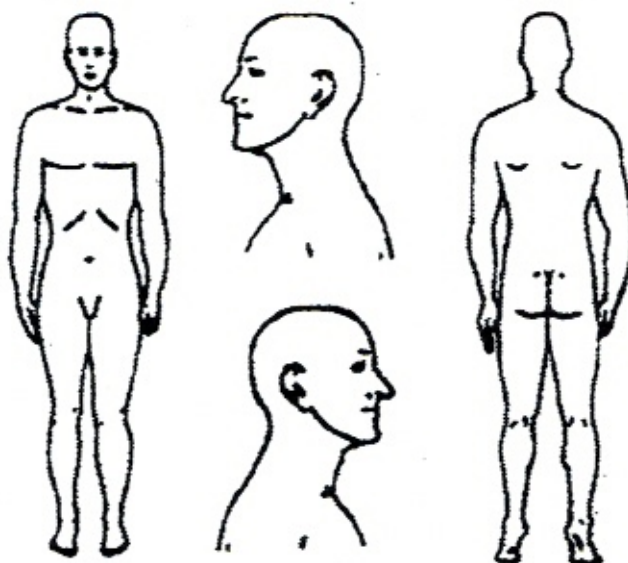
0= none, 10= severe

0 1 2 3 4 5 6 7 8 9 10

Using the symbols below, mark on the pictures where you feel pain.

Numbness           ===  
Dull ache           OOO  
Burning           XXX  
Sharp/Stabbing   /////

Pins & needles   +++  
Other \_\_\_\_\_ ~~~



Have you ever had chiropractic care? No / Yes  
When? \_\_\_\_\_  
Why? \_\_\_\_\_  
Where? \_\_\_\_\_  
Were X-rays taken? ! No ! Yes  
When was your last adjustment? \_\_\_\_\_

Present reason for consulting the office:  
 Maximizing personal health potential  
 Preventing disease and/ or symptoms  
 Disease and/or symptoms  
 Other: \_\_\_\_\_

Is there anything else you would like Dr. Segelcke to know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Cancellation Policy:** Should you need to cancel your appointment, we request that you give us at least 24 hours notice so that we have the chance to schedule another patient at that time.

We have the following policy regarding missed appointments:  
If you do not show up for your scheduled appointment one time, there is no charge. Any occurrences after that will be charged at full price.

Please initial here: \_\_\_\_\_