

Office Info:
Account # _____

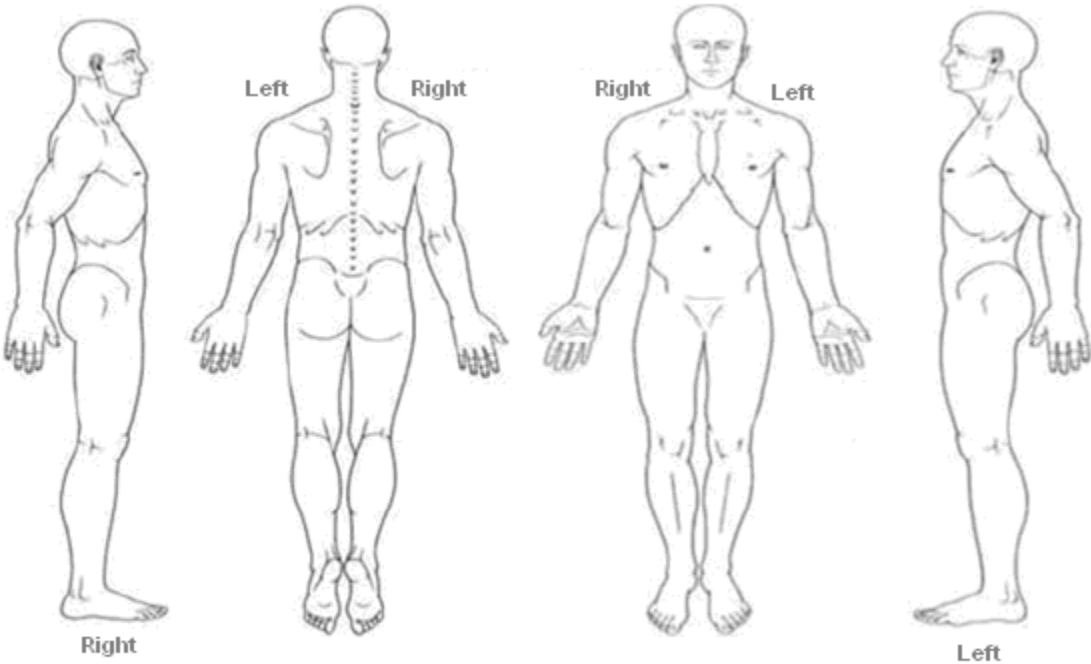
Shiloh Chiropractic PAIN DRAWING

Patient Name: _____

Date: _____

Directions:

Circle any place where there is pain. If you have pain on the side of the body, indicate where you're having the pain. Remember to include Aches, Pains, Numbness, Tingling, "Pins and Needles", Sharp, Stabbing, Throbbing, Burning and other things. Your doctor will go over more detailed information on what you are experiencing.



Patient Signature: X _____

Date: _____

<u>Doctor's Notes</u>	
_____	_____
DR. RICE	DATE