

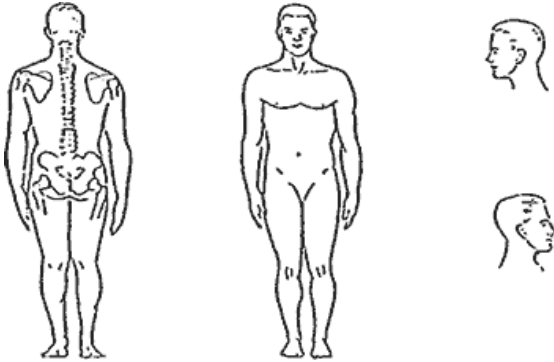
Name _____

Date _____

Using only one diagram per symptom, please circle each region where sensations are felt. Using the letter(s) below to mark the circled region, indicate the type of your current symptom(s) on the diagram(s).

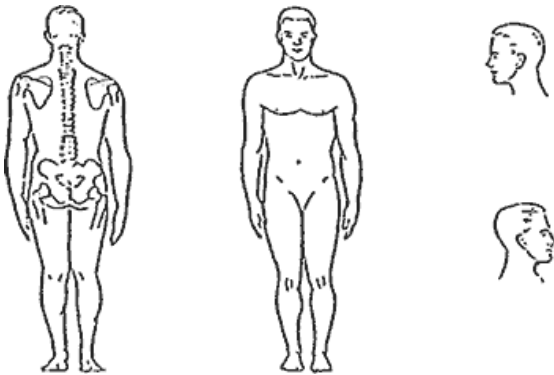
B = Burning D= Dull Pain/Ache N = Numbness
P = Pins & Needles S = Sharp pain T = Tightness
O = Other

Symptom Diagram #1



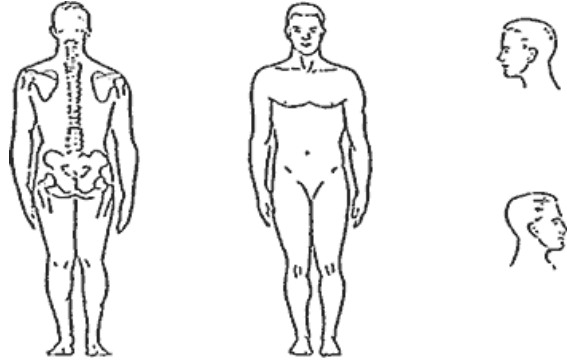
1. Date first noticed _____
2. Date of most recent episode _____
3. Cause _____ () unknown
4. What makes it better? _____
5. What aggravates it? _____
6. How often is this symptom present:
0-25% 26-50% 51-75% 76-99% 100%
7. Please rate the level by circling the number below:
(Mild) 1—2—3—4—5—6—7—8—9—10 (Severe)

Symptom Diagram #2



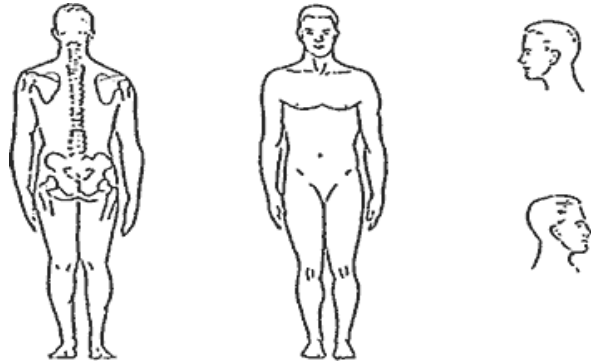
1. Date first noticed _____
2. Date of most recent episode _____
3. Cause _____ () unknown
4. What makes it better? _____
5. What aggravates it? _____
6. How often is this symptom present:
0-25% 26-50% 51-75% 76-99% 100%
7. Please rate the level by circling the number below:
(Mild) 1—2—3—4—5—6—7—8—9—10 (Severe)

Symptom Diagram #3



1. Date first noticed _____
2. Date of most recent episode _____
3. Cause _____ () unknown
4. What makes it better? _____
5. What aggravates it? _____
6. How often is this symptom present:
0-25% 26-50% 51-75% 76-99% 100%
7. Please rate the level by circling the number below:
(Mild) 1—2—3—4—5—6—7—8—9—10 (Severe)

Symptom Diagram #4



1. Date first noticed _____
2. Date of most recent episode _____
3. Cause _____ () unknown
4. What makes it better? _____
5. What aggravates it? _____
6. How often is this symptom present:
0-25% 26-50% 51-75% 76-99% 100%
7. Please rate the level by circling the number below:
(Mild) 1—2—3—4—5—6—7—8—9—10 (Severe)

Notes:

Rosenthal Chiropractic, P.A.
507 S. Maryland Ave.- Wilmington, DE 19804
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Reviewed by _____ Date _____

Dr. Rosenthal