Rejuvenations Chiropractic Care Center

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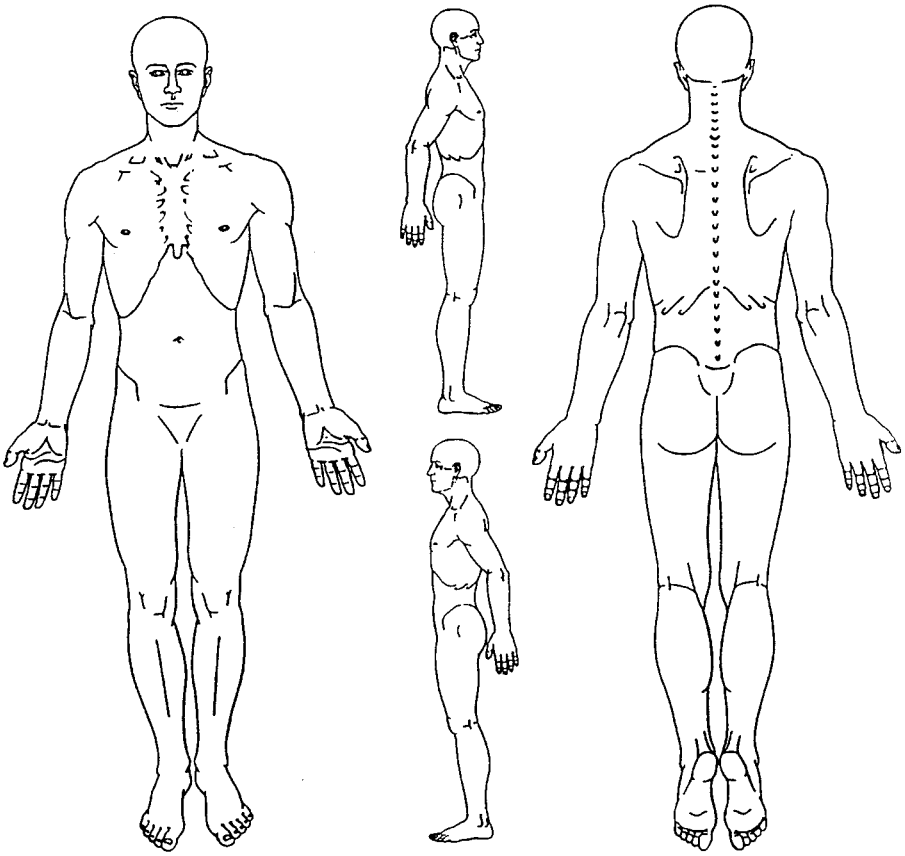
Patient Name_____ Date_____

Where is your Pain? Please mark on the drawling where you feel pain right now and use the following key:

Pins and Needles = O O O O **Stabbing = / / / / /**
Numbness / Burning = XXXXX **Deep Ache = ZZZZ**



Rate your pain	**0 = No Pain**										**10 = Extreme Pain**
1. Right now	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
2. At its worst	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
3. At its Best	**0**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Patients Signature_____