

Name: _____

Date of Birth: _____ Examiner: Kevin J. Wheat, D.C.

Use the appropriate symbols below to mark the areas on your body where you feel pain. Include all affected areas. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels.

Ache >>>>>

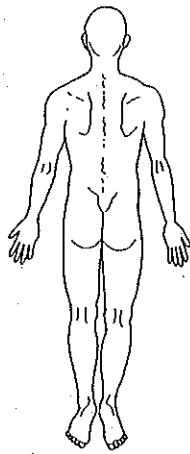
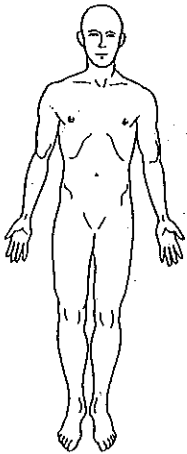
Burning x x x x

Numbness = = = = =

Stabbing / / / / /

Pins & Needles o o o o

Throbbing ~ ~ ~ ~ ~



When did your symptoms begin: _____

List other doctors seen for this condition: _____

What kind of treatment did you receive: _____

Individuals or parties (eg. spouse) that can have access to my health information at Wheat Chiropractic & Wellness Center include:

Name:

Relationship:

1. _____
2. _____
3. _____
4. _____

Necessary health care providers or health care reimbursement companies (eg. Aflac) who may need to be consulted regarding my health information include:

1. _____
2. _____
3. _____

Patient's Signature

Date