

**It's been a while... please give us an UPDATE**

Last Adjustment: \_\_\_\_\_

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

Please list any new problems; \_\_\_\_\_

When did it start? \_\_\_\_\_

How did it happen? \_\_\_\_\_

Have you seen anyone regarding this new problem? If so, who and when?

\_\_\_\_\_

On the diagram below, please indicate where you are experiencing your new problem or other symptoms

A = Ache

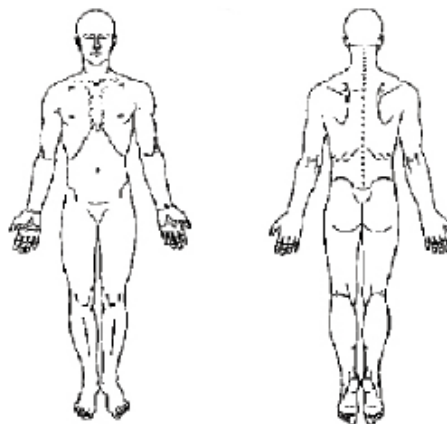
B = Burning

N = Numbness

P = Pins & Needles

S = Stabbing

O = Other



Please circle the number that best describes your problem

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>
NONE			SLIGHT			MODERATE				SEVERE

**Sign:** \_\_\_\_\_



**OUCH**

ACCIDENTS  
ACHES  
ALLERGIES  
BUMPS  
COLDS  
CONSTIPATION  
FALLS  
FATIGUE  
HEADACHES  
INDIGESTION  
NERVOUSNESS  
PAINS  
SELF-ADMINISTERED TREATMENT  
SLEEPLESSNESS  
STIFFNESS  
STOMACH TROUBLE  
TENSION