

American Integrated Chiropractic
9045 SW Barbur Blvd #122 - Portland, OR 97219
(503) 226-4500

Name: _____

Primary Complaint: _____

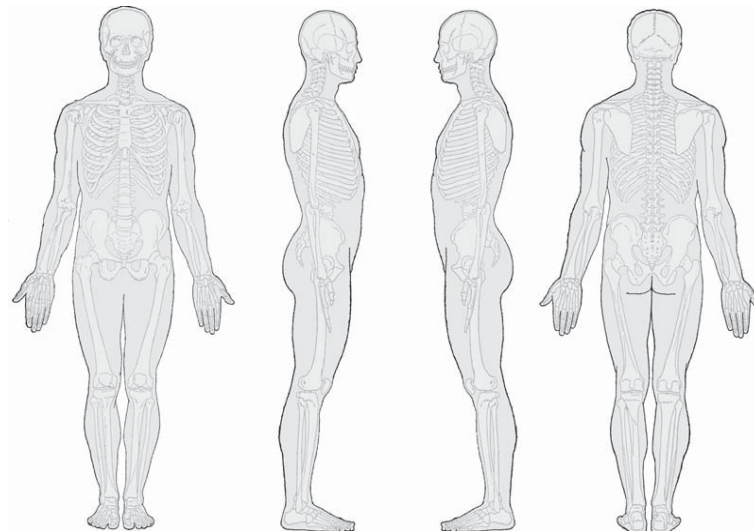
How long has this been bothering you: _____ **How did this begin:** _____

Description:

- Sharp
- Shooting
- Dull
- Ache
- Burning
- Numb
- Tingles
- Weakness
- Stiff / Sore

Frequency:

- Constant (76-100%)
- Frequent (51-75%)
- Occasional (26-50%)
- Intermittent (25%)



Intensity:

No Pain: 0 1 2 3 4 5 6 7 8 9 10 :Severe

Affect on daily activities:

No affect: 0 1 2 3 4 5 6 7 8 9 10 :Disabled

Since this began, symptoms are: Decreasing Not Changing Increasing

Symptoms seem to be: Worse / Better Morning Afternoon Evening Bed

What makes symptoms better: Nothing Lying down Walking Standing Sitting Movement Inactivity Meds

What makes symptoms worse: Nothing Lying down Walking Standing Sitting Movement Inactivity Meds

Secondary Complaint: _____

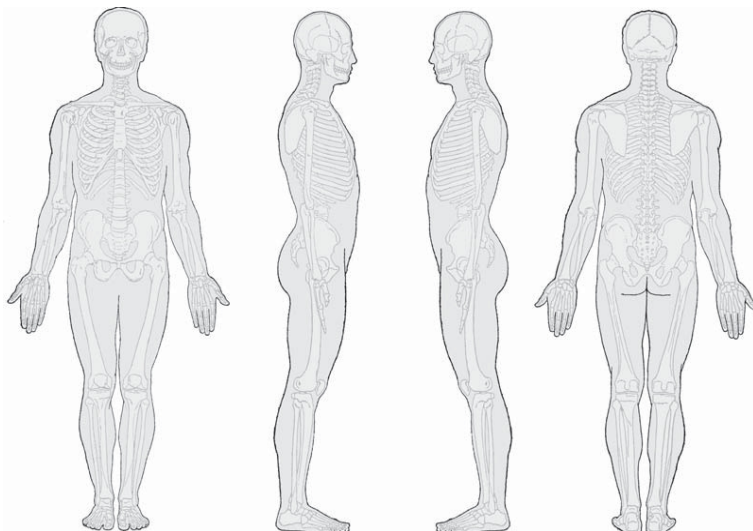
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