Ultimate Health Chiropractic

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Chief Complaint Diagram

Date (D/M/Y) : …. /…. / **20** …. **File Number :** ……

Last Name: …… **First Name:** …… **Age:** …….

In the following diagrams, please mark the areas which you feel pain or any problem with sensation. Also you can use the symbols provided below and draw in the blank face to show your feeling regarding to your complaint.

Numbness ……. 0000 , Pin & Needle …… ++++ ,Burning sensation ……. VVVV
Stiff & tight ….. SSSS , Dull & achy …… XXXX , Sharp & Stabbing …….. /////