

SIEGAL CHIROPRACTIC CLINICS

5600 PGA BLVD., SUITE 104A

Palm Beach Gardens, FL 33418

Phone: (561) 624-3003 Fax: (561) 624-4349

Name: _____

Current Weight: _____ Height: _____

Please describe your current condition:

Please check one and sign:

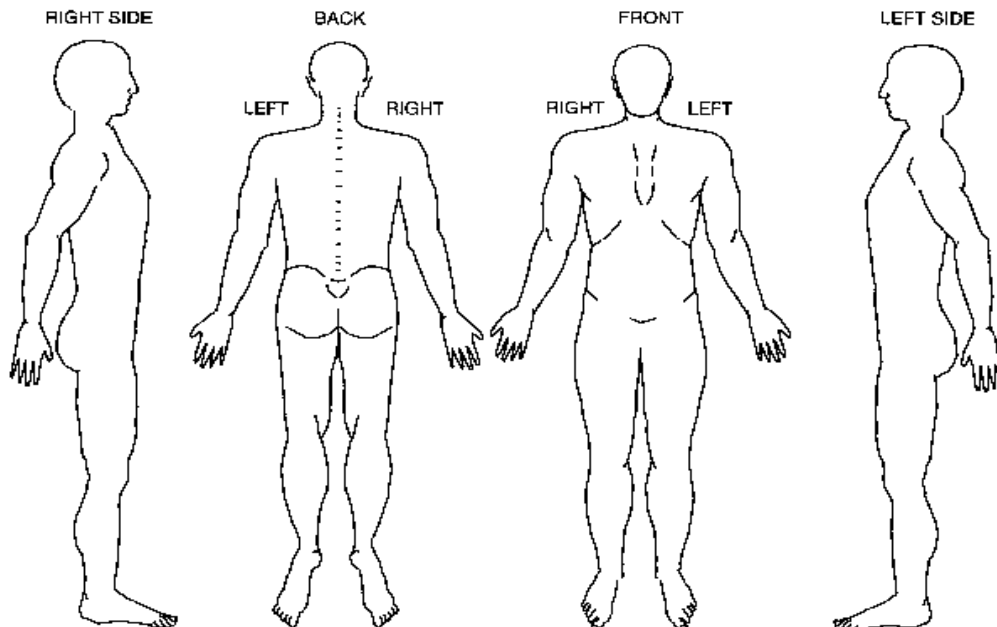
YES I would like X-rays taken today

NO I would not like X-rays taken at this time

Signature: _____ Date: _____

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description:	Numbness	Pins and Needles	Burning	Aching	Stabbing
Symbol:	NNNN	PPPP	BBBB	AAAA	SSSS



Circle any area of pain not represented by a symbol.