

# FERNLEY CHIROPRACTIC

DAVID KAHN D.C.

## OUCH FORM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### PATIENT CONDITION:

Reason for visit \_\_\_\_\_

When did symptoms appear? \_\_\_\_\_

Mark an X on the picture where you have pain, numbness, and/or tingling.

Rate the severity of pain on a scale from 1 (least) to 10 (severe) \_\_\_\_\_

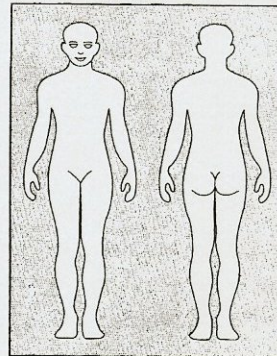
Type of pain:  Sharp  Dull  Throbbing  Numbness  Aching  
 Shooting  Burning  Tingling  Cramps  Stiffness  Swelling  
 Other please explain \_\_\_\_\_

How often do you have this pain? \_\_\_\_\_

Is it constant or does it come and go? \_\_\_\_\_

Does it interfere or cause pain when you do any of the following?

Work  Sleep  Sit  Stand  Walk  Bending  Lying down  
 Other please explain \_\_\_\_\_



240 Hwy 95A, Ste B, Fernley Nevada 89408  
(775) 575-5511 Fax (775) 575-6767