

Family Chiropractic Clinic

Hank K. Miller D. C.

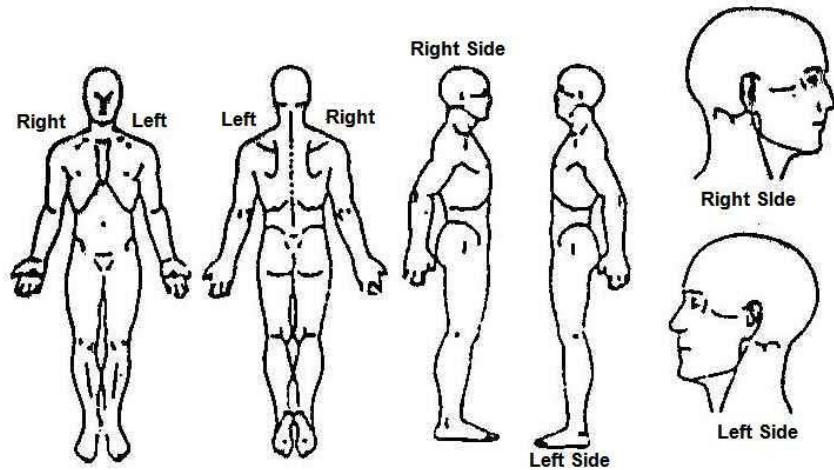
5790 W. Hwy. 287 **972-723-9411** Midlothian, Texas 76065

Patient Name: _____ **Date:** _____

Where is your pain today? Please list your symptoms and describe your pain (burning, aching, stabbing, etc.)

Circle your Pain Level: 0 1 2 3 4 5 6 7 8 9 10 (Emergency)

Sketch your areas of pain and/or discomfort below:



Have you had a new injury? Yes ___ No ___

Was it: A fall ___ Auto Accident ___ Work Injury ___ Other ___

Please describe: _____

When: _____ Where: _____

How long have you been off work? _____

How have you treated this injury? (circle all that apply)

Heat Ice Aspirin Massage Bed rest Other: _____

List any doctors seen or procedures done since your last visit:

I acknowledge that the information given is true and accurate.

Signature of patient: _____