

***Rejuvenations* Chiropractic Care Center**

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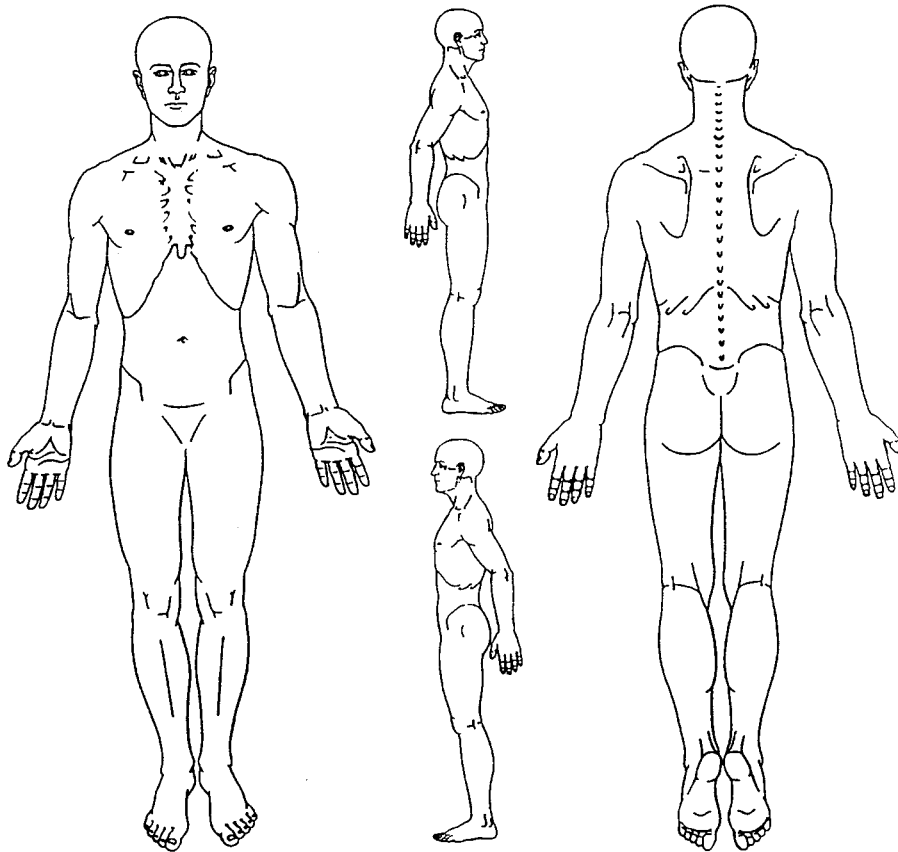
Patient Name _____

Date _____

Where is your Pain? Please mark on the drawing where you feel pain right now and use the following key:

Pins and Needles = O O O O
 Numbness / Burning = XXXXX

Stabbing = /////
 Deep Ache = ZZZZ



Rate your pain

0 = No Pain

10 = Extreme Pain

1. Right now	0	1	2	3	4	5	6	7	8	9	10
2. At its worst	0	1	2	3	4	5	6	7	8	9	10
3. At its Best	0	1	2	3	4	5	6	7	8	9	10

Patients Signature _____