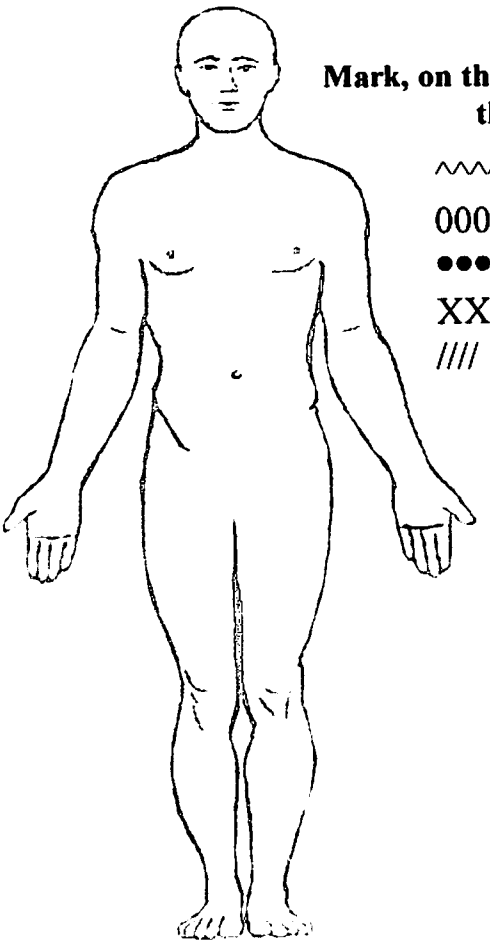
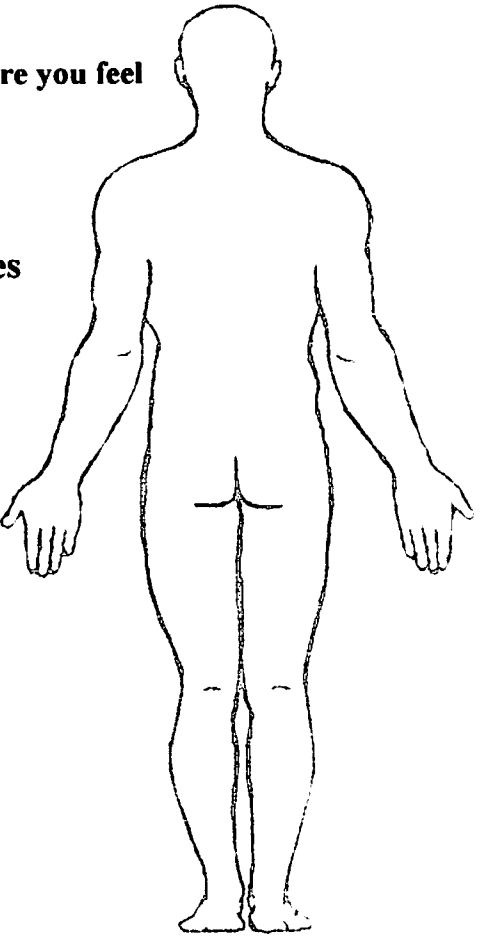
Lentini Chiropractic

Symptoms Diagram



Mark, on the diagrams, where you feel these sensations:

^^^^ **Aches**
0000 **Numbness**
●●● **Pins/Needles**
XXX **Burning**
//// **Stabbing**



Symptom Scale

Please indicate, by placing an ***X*** on the line below, how you presently feel your symptoms to be. (i.e.: most severe is "unbearable, I absolutely can't function")

No Symptoms _____ **Most Severe Symptoms**

Signature _____Date__/__/__