

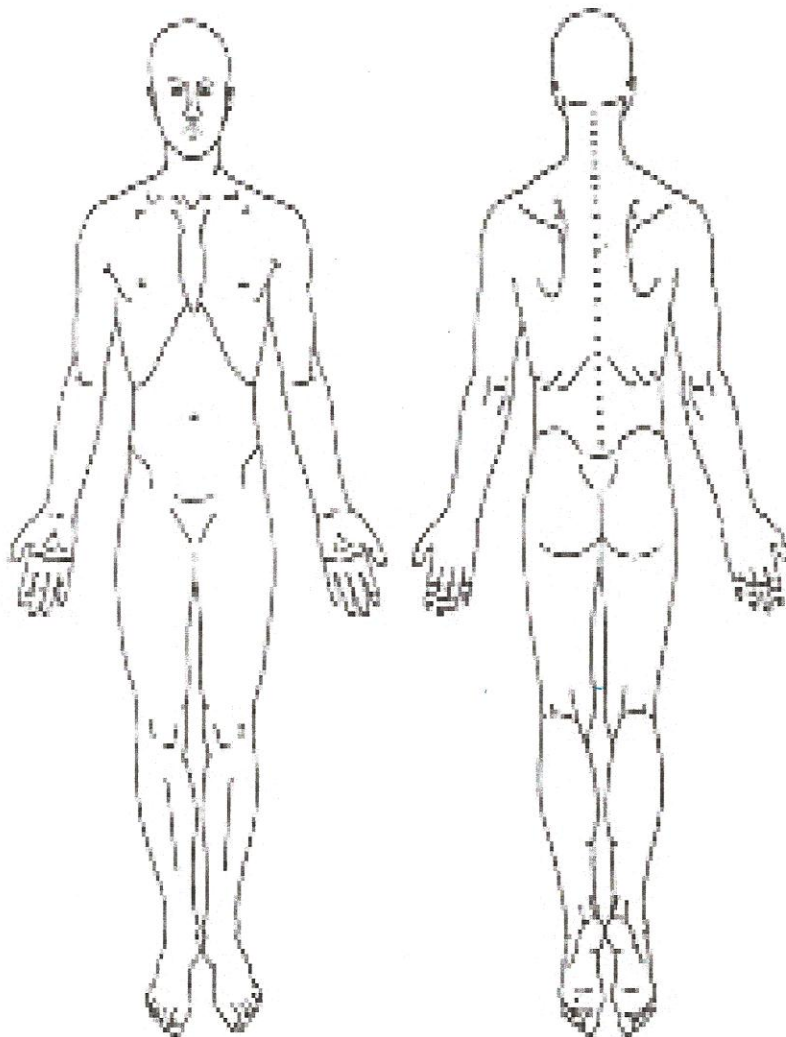
KAISER

CHIROPRACTIC  PHYSICAL THERAPY

Patient Name: _____

Patient Signature: _____

Date: _____



Please use the following scale to mark and describe your symptoms. Pain(P), Tingling (T), Numbness (N), Stiffness (S), Burning (B). Also feel free to write in any additional symptoms if necessary.