Mann Mobile Chiropractic,Inc 3992 Anderson Hwy Hartwell, GA 30643 Phone: 706-376-8686 Fax: 706-376-3933 Email: mannchiropractic@outlook.com Website: www.mannfamilychiropractic.com

Demographic & Contact Information						
First Name:	Last Name:		Birth Date:	Gender		
Address			Primary Phone	Cell Phone		
Address 2			Work Phone	Home Phone		
City	State/Province	Postal Code				
E-Mail						
Preferred Communication	Preferred Reminder F	Format	Preferred Language	Smoking Status		

Insurance Information					
Insured First Name:	Insured Last Name	:	Insured ID Number:		
Insured Address:					
City:	State/Province:	Postal Code:	Insured Phone:	Insured Gender	:
Insurance Carrier:					
Insured Policy:	Insurance Group No:	Insurance Plan	/Program: Insure	ed Birth Date:	Insured Relationship To Patie

Current Medications					
Medication	Reason	Start Date			
Medication	Reason	Start Date			
Medication	Reason	Start Date			
Medication	Reason	Start Date			
Medication	Reason	Start Date			

Medication Reason Symptom   Animals Aspirin/Pain Medicine Bee Stings   Chocolates/Sweets Dairy Products (milk, cheese) Dust   Eggs Latex Molds   Penicillin Ragweed/Pollen Rubber   Seasonal Allergies Shellfish Soaps   Wheat X-ray Dye None   Surgeries (Check all that apply)   Appendix Back Brain/Tumor Carpal tunnel   Cervical Disc Chest Disc EENT   Elbow Foot Gallbladder   Gastrointestinal Gynecological Heart Heart Bypass   Hernia Hip Hip Replacement Knee <th colspan="6">Medication Allergies</th>	Medication Allergies					
Medication   Reason   Symptom     Allergies (Check all that apply)     Animals   Aspirin/Pain Medicine   Bee Stings     Chocolates/Sweets   Dairy Products (milk, cheese)   Dust     Eggs   Latex   Molds     Penicillin   Ragweed/Pollen   Rubber     Seasonal Allergies   Shellfish   Soaps     Wheat   X-ray Dye   None     Surgerise (Check all that apply)     Appendix   Back   Brain/Tumor   Carpal tunnel     Cervical Disc   Chest   Disc   EENT     Elbow   Elbow   Foot   Gallbladder     Gastrointestinal   Gynecological   Heart   Heart Bypass     Hernia   Hip   Hip Replacement   Knee     Knee   Knee Replacement   Lumbar Disc   Neck     Neurological   Obstetrical   Other   Podiatric	Medication		Reas	on	Symptom	
Allergies (Check all that apply)     Animals   Aspirin/Pain Medicine   Bee Stings     Chocolates/Sweets   Dairy Products (milk, cheese)   Dust     Eggs   Latex   Molds     Penicillin   Ragweed/Pollen   Rubber     Seasonal Allergies   Shellfish   Soaps     Wheat   X-ray Dye   None     Surgeries (Check all that apply)     Appendix   Back   Brain/Tumor   Carpal tunnel     Cervical Disc   Chest   Disc   EENT     Elbow   Elbow   Foot   Gallbladder     Gastrointestinal   Gynecological   Heart   Heart Bypass     Hernia   Hip   Hip Replacement   Knee     Knee   Knee Replacement   Lumbar Disc   Neck     Neurological   Obstetrical   Other   Podiatric	Medication		Reas	on	Symptom	
Animals Aspirin/Pain Medicine Bee Stings   Chocolates/Sweets Dairy Products (milk, cheese) Dust   Eggs Latex Molds   Penicillin Ragweed/Pollen Rubber   Seasonal Allergies Shellfish Soaps   Wheat X-ray Dye None   Surgeries (Check all that apply)   Appendix Back Brain/Tumor   Cervical Disc Chest Disc   Elbow Elbow Foot Gallbladder   Gastrointestinal Gynecological Heart Heart Bypass   Hernia Hip Hip Replacement Knee   Knee Knee Replacement Lumbar Disc Neck   Neurological Other Podiatric	Medication		Reas	on	Symptom	
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Chocolates/Sweets   Dairy Products (milk, cheese)   Dust     Eggs   Latex   Molds     Penicillin   Ragweed/Pollen   Rubber     Seasonal Allergies   Shellfish   Soaps     Wheat   X-ray Dye   None     Surgerice (Check all that apply)     Appendix   Back   Brain/Tumor   Carpal tunnel     Cervical Disc   Chest   Disc   EENT     Elbow   Elbow   Foot   Gallbladder     Gastrointestinal   Gynecological   Heart   Heart Bypass     Hernia   Hip   Hip Replacement   Knee     Knee   Knee Replacement   Lumbar Disc   Neck     Neurological   Obstetrical   Other   Poitatric		Allerç	gies (Check all t	hat apply)		
Eggs   Latex   Molds     Penicillin   Ragweed/Pollen   Rubber     Seasonal Allergies   Shellfish   Soaps     Wheat   X-ray Dye   None     Surgeries (Check all that pply)     Appendix   Back   Brain/Tumor   Carpal tunnel     Cervical Disc   Chest   Disc   EENT     Elbow   Elbow   Foot   Gallbladder     Gastrointestinal   Gynecological   Heart   Heart Bypass     Hernia   Hip   Hip Replacement   Knee     Knee   Knee Replacement   Lumbar Disc   Neck     Neurological   Other   Podiatric	Animals	Aspirin/Pai	n Medicine	Bee Stings		
Penicillin   Ragweed/Pollen   Rubber     Seasonal Allergies   Shellfish   Soaps     Wheat   X-ray Dye   None     Surgerize (Check all that paperdix     Appendix   Back   Brain/Tumor   Carpal tunnel     Cervical Disc   Chest   Disc   EENT     Elbow   Elbow   Foot   Gallbladder     Gastrointestinal   Gynecological   Heart   Heart Bypass     Hernia   Hip   Hip Replacement   Knee     Knee   Knee Replacement   Lumbar Disc   Neck     Neurological   Obstetrical   Other   Podiatric	Chocolates/Sweets	Dairy Produ	ucts (milk, cheese)	Dust		
Seasonal AllergiesShellfishSoapsWheatX-ray DyeNoneSurgeries (Check all that paperdixAppendixBackBrain/TumorCarpal tunnelCervical DiscChestDiscEENTElbowElbowFootGallbladderGastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Eggs	Latex		Molds		
WheatX-ray DyeNoneSurgerises (Check all that apply)AppendixBackBrain/TumorCarpal tunnelCervical DiscChestDiscEENTElbowElbowFootGallbladderGastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Penicillin	Ragweed/F	Pollen	Rubber		
Surgeries (Check all that apply)AppendixBackBrain/TumorCarpal tunnelCervical DiscChestDiscEENTElbowElbowFootGallbladderGastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Seasonal Allergies	Shellfish		Soaps		
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Cervical DiscChestDiscEENTElbowElbowFootGallbladderGastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric		Surge	eries (Check all t	that apply)		
Cervical DiscChestDiscEENTElbowElbowFootGallbladderGastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Appendix	Back	Brain/Tumor	Carpal tunnel		
GastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric		Chest	Disc			
GastrointestinalGynecologicalHeartHeart BypassHerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Elbow	Elbow	Foot	Gallbladder		
HerniaHipHip ReplacementKneeKneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Gastrointestinal	Gynecological	Heart			
KneeKnee ReplacementLumbar DiscNeckNeurologicalObstetricalOtherPodiatric	Hernia	, ,	Hip Replacemer			
Neurological Obstetrical Other Podiatric	Knee					
-	Neurological	-	Other			
	-	Thoracic Disc	Wrist	Wrist/Hand		
Medical History (Check all that apply)		Medical	History (Check a	all that apply)		
Ankle Pain Arm Pain Arthritis	Ankle Pain	Arm Pain	A	rthritis		
Asthma Back Pain Broken Bones						
Cancer Chest Pain Depression/Other disorder	Cancer	Chest Pain	D			
Diabetes Dizziness Elbow Pain				·		
Epilepsy Eye/Vision Problems Fainting						
Fatigue Foot Pain Genetic Spinal Disorder					•	
Hand Pain Headaches Hearing Problems	-	Headaches				
Hepatitis High Blood Pressure Hip Pain	Hepatitis			-		
Jaw Pain Joint Stiffness Knee Pain	-	-				
Leg Pain Low Back Pain Menstrual Problems						
Mid Back Pain Minor Heart Trouble Multiple Sclerosis	-					
Neck Pain Neurological Disorder Pacemaker						
Parkinson's Disease Polio Prostate Problems		-				

# Medical History - Continued (Check all that apply)

Shoulder Pain Sprain/Strain Tumor Significant weight change Stomach Problems Ulcer/s Spinal Cord Injury Stroke/Heart Attack Wrist Pain

# Social History (Check all that apply)

Alcohol use	Being in college
Being in high school	Being married
Being single	Caffeine use
Disability	Drug abuse
Employment status	Exercising regularly
Good sleep habits	Health status
Home stress	Normal family environment
Other stress	Poor diet habits
Sexual history	Smoking/tobacco use
STD history	Work stress
Working	

## Custom (Check all that apply)

#### test

Family History					
Family Member	Condition				
Family Member	Condition				
Family Member	Condition				
Family Member	Condition				
Family Member	Condition				

Accidents					
Accident Type	Details				
Accident Type	Details				
Accident Type	Details				
Accident Type	Details				

	Tell us about your s	symptom(s)	today. Sy	mptom #1		
Symptom		Symp	tom Start Date			
					Experienced before?	
On what side are you	experiencing the pain?	)				
Left Right Bilat	teral Central None					
What is the level of pa	ain?					
None 0 1 2	2 3 4 5 6	7 8 9	9 10			
What is the intensity of	of the pain?					
None Minimum	Mild Moderate Se	vere Unbe	arable			
What is the nature of	pain?					
	Lasta News			Ohaara		
U U	lache Numb		0.	Sharp		
Shooting Sta	bbing pain Throbbing	Tightne	ess	Tingling		
What is the frequency	of pain?					
	• •	requently (51 -		day)		
Intermittently (0 - 25%	of the day) Occasionally	y (26 - 50% of	the day)			
What makes the pain	better?					
Acupuncture	Chiropractic Therapy	Heat		Ice		
Massage Therapy	Nothing works	Other		Pain Medicines		
Physical Therapy	Sleep/Rest	Stretching		Therapy		
What makes the pain worse?						
Baking	Bathing		Bending			
Bending Arm	Bending Leg		Care of oth	ers/Pets		
Caring for Children	Carrying Objects			tairs		
Concentrating	Cooking/Cleaning	J	Crouching/	Squatting		
Doctor's visits	Doing Hobbies		Doing thing	js on time		
Dressing	Driving		Eating			
Exercise/Sports	Financial Manage	ement	Gardening			
General Mobility	Getting Places		Hearing			

Holding onto objects	Housework	Jogging	
Keeping balance	Knitting	Leaning	
Lifting	Light/Sound	Lying down	
Making decisions	Moving Joint/s	Mowing	
Personal hygiene/Grooming	Pushing/Pulling with feet	Pushing/Pulling with hands	
Reaching out/up/down	Reading	Running	
Seeing	Sewing	Sexual Activity	
Shopping	Sitting	Speaking	
Standing	Turning	Twisting	
Using the phone	Walking	Watching TV	
Working	Yard work		
What are your expectations	regarding this symptom?		
vitat are your expectations			
Become Pain Free Explar	nation of my Condition Lear	n how to care for this condition on my ow	า
Reduce Symptoms Resur	ne Normal Activity		
Reduce Oyniptoms Resul			
Τe	Il us about your symptom		
		Symptom Start Date	enced before?
Τe		Symptom Start Date	enced before?
Τe	S	Symptom Start Date	enced before?
ymptom On what side are you expe	iencing the pain?	Symptom Start Date	enced before?
ymptom	S	Symptom Start Date	enced before?
ymptom On what side are you expe	iencing the pain?	Symptom Start Date	enced before?
Te <sup>ymptom</sup> Dn what side are you expendent Left Right Bilateral What is the level of pain?	riencing the pain? Central None	Symptom Start Date	enced before?
ymptom On what side are you exper Left Right Bilateral	iencing the pain?	Symptom Start Date	enced before?
Te <sup>ymptom</sup> Dn what side are you expendent Left Right Bilateral What is the level of pain?	riencing the pain? Central None	Symptom Start Date	enced before?
Te <sup>ymptom</sup> Dn what side are you expendent Left Right Bilateral What is the level of pain?	riencing the pain? Central None	Symptom Start Date	enced before?
Te <sup>ymptom</sup> Dn what side are you expendent Left Right Bilateral What is the level of pain?	riencing the pain? Central None 4 5 6 7 8	Symptom Start Date	enced before?
Te ymptom On what side are you exper Left Right Bilateral What is the level of pain? None 0 1 2 3	iencing the pain? Central None 4 5 6 7 8 pain?	Symptom Start Date Experie	enced before?
Te ymptom Dn what side are you expendent Left Right Bilateral What is the level of pain? None 0 1 2 3	iencing the pain? Central None 4 5 6 7 8 pain?	Symptom Start Date	enced before?
Te ymptom On what side are you exper Left Right Bilateral What is the level of pain? None 0 1 2 3	iencing the pain? Central None 4 5 6 7 8 pain?	Symptom Start Date Experie	enced before?
Te ymptom On what side are you expendent Left Right Bilateral What is the level of pain? None 0 1 2 3 What is the intensity of the None Minimum Mild What is the nature of pain?	riencing the pain? Central None 4 5 6 7 8 pain? Moderate Severe U	Symptom Start Date Experie	enced before?
Te ymptom Dn what side are you expendent Left Right Bilateral What is the level of pain? None 0 1 2 3 What is the intensity of the None Minimum Mild	riencing the pain? Central None 4 5 6 7 8 pain? Moderate Severe U Numb Rad	Symptom Start Date Experie	enced before?

NoneConstantly (76 - 100% of the day)Frequently (51 - 75% of the day)Intermittently (0 - 25% of the day)Occasionally (26 - 50% of the day)

## What makes the pain better?

Acupuncture	Chiropractic Therapy	Heat	Ice	
Massage Therapy	Nothing works	Other	Pain Medicines	
Physical Therapy	Sleep/Rest	Stretching	Therapy	
/hat makes the pain wo	orse?			
Baking	Bathing		Bending	
Bending Arm	Bending Leg		Care of others/Pets	
Caring for Children	Carrying Object	S	Climbing Stairs	
Concentrating	Cooking/Cleanir	ng	Crouching/Squatting	
Doctor's visits	Doing Hobbies		Doing things on time	
Dressing	Driving		Eating	
Exercise/Sports	Financial Manag	gement	Gardening	
General Mobility	Getting Places		Hearing	
Holding onto objects	Housework		Jogging	
Keeping balance	Knitting		Leaning	
Lifting	Light/Sound		Lying down	
Making decisions	Moving Joint/s		Mowing	
Personal hygiene/Groomi	ng Pushing/Pulling	with feet	Pushing/Pulling with hands	
Reaching out/up/down	Reading		Running	
Seeing	Sewing		Sexual Activity	
Shopping	Sitting		Speaking	
Standing	Turning		Twisting	
Using the phone	Walking		Watching TV	
Working	Yard work			

## What are your expectations regarding this symptom?

Become Pain Free	Explanation of my Condition	Learn how to care for this condition on my own
Reduce Symptoms	Resume Normal Activity	

## Tell us about your symptom(s) today. Symptom #3

Symptom

Symptom Start Date

Experienced before?

### On what side are you experiencing the pain?

Left Right Bilateral Central None

What is the	e intensity	of the pa	iin?				
None	Minimum	Mild	Moderate	Severe	Unbearable		
What is the	e nature of	f pain?					
Durning	Du		Nicurah		Dedicting poir	Cham	
Burning Shooting		III ache	Numb	oina	Radiating pair	•	
	Shooting Stabbing pain Throbbing Tightness Tingling						
What is the	e frequenc	y of pain	?				
None	Constantly (	(76 - 100%	of the day)	Freque	ntly (51 - 75% o	f the day)	
	ntly (0 - 25%		• •		- 50% of the day		
		-		• •	-	·	
What make	es the pair	n better?					
Acupunctu	ure	Chirop	ractic Therap	by Heat	t	Ice	
Massage	Therapy	Nothin	g works	Othe	er	Pain Medicines	
Physical T	Therapy	Sleep/	Rest	Stret	tching	Therapy	
M/bot mok	a tha nair	woroo?					
What make	es me pair	i worse?					
Baking			Bathing		Bendi	ng	
Bending A	Arm		Bending Leg	9	Care	of others/Pets	
Caring for	Children		Carrying Ob	jects	Climbi	ing Stairs	
Concentra	ating		Cooking/Cle	aning	Crouc	hing/Squatting	
Doctor's v	risits		Doing Hobb	ies	Doing	things on time	
Dressing			Driving		Eating	3	
Exercise/S	Sports		Financial Ma	anagement	Garde	ening	
General N	lobility		Getting Plac	es	Hearir	ng	
Holding or	nto objects		Housework		Joggir	ng	
Keeping b	alance		Knitting		Leanir	ng	
Lifting	Lifting Light/Sound		Lying	Lying down			
Making de	ecisions		Moving Join	t/s	Mowir	ng	
Personal I	hygiene/Gro	oming	Pushing/Pul	ling with fee	et Pushii	ng/Pulling with hands	
Reaching	out/up/dowr	า	Reading		Runni	ng	
Seeing			Sewing		Sexua	al Activity	
Shopping			Sitting		Speak	king	
Standing			Turning		Twisti	-	
Using the	phone		Walking		Watch	ning TV	
Working			Yard work				

What are your expectations regarding this symptom?

Symptom

Become Pain Free Reduce Symptoms	Explanation of my Condition Resume Normal Activity	Learn how to care for this condition on my own
	Tell us about your sym	ptom(s) today. Symptom #4

Experienced before? On what side are you experiencing the pain? Left Right Bilateral Central None What is the level of pain? 0 2 3 5 8 None 1 4 6 7 9 10 What is the intensity of the pain? None Minimum Mild Moderate Severe Unbearable What is the nature of pain? Burning Dull ache Numb Radiating pain Sharp Shooting Stabbing pain Throbbing Tightness Tingling

Symptom Start Date

#### What is the frequency of pain?

None Constantly (76 - 100% of the day) Frequently (51 - 75% of the day) Intermittently (0 - 25% of the day) Occasionally (26 - 50% of the day)

### What makes the pain better?

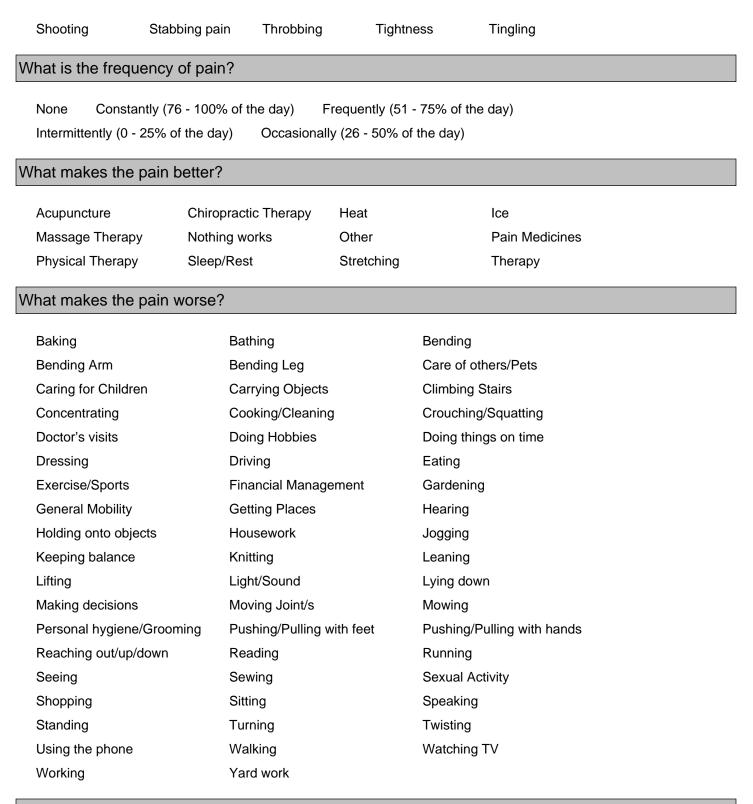
Acupuncture	Chiropractic Therapy	Heat	Ice
Massage Therapy	Nothing works	Other	Pain Medicines
Physical Therapy	Sleep/Rest	Stretching	Therapy

#### What makes the pain worse?

Baking
Bending Arm
Caring for Children
Concentrating

Bathing **Bending Leg Carrying Objects** Cooking/Cleaning Bending Care of others/Pets **Climbing Stairs** Crouching/Squatting

Doctor's visits	Doing Hobbies	Doing things on time	
Dressing	Driving	Eating	
Exercise/Sports	Financial Management	Gardening	
General Mobility	Getting Places	Hearing	
Holding onto objects	Housework	Jogging	
Keeping balance	Knitting	Leaning	
Lifting	Light/Sound	Lying down	
Making decisions	Moving Joint/s	Mowing	
Personal hygiene/Grooming	Pushing/Pulling with feet	Pushing/Pulling with hands	
Reaching out/up/down	Reading	Running	
Seeing	Sewing	Sexual Activity	
Shopping	Sitting	Speaking	
Standing	Turning	Twisting	
Using the phone	Walking	Watching TV	
Working	Yard work		
		how to care for this condition on my own	
Become Pain Free Explan Reduce Symptoms Resum	ation of my Condition Learn		
Become Pain Free Explan Reduce Symptoms Resum	ation of my Condition Learn ne Normal Activity Il us about your symptom(s		efore?
Become Pain Free Explan Reduce Symptoms Resum Tel	ation of my Condition Learn ne Normal Activity Il us about your symptom(s	s) today. Symptom #5	efore?
Become Pain Free Explan Reduce Symptoms Resum	ation of my Condition Learn ne Normal Activity Il us about your symptom(s	s) today. Symptom #5	efore?
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Become Pain Free Explan Reduce Symptoms Resum Tel mptom	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain?	s) today. Symptom #5	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom On what side are you experi Left Right Bilateral /hat is the level of pain?	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None	s) today. Symptom #5 mptom Start Date Experienced b	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom In what side are you experi Left Right Bilateral	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain?	s) today. Symptom #5	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom On what side are you experi Left Right Bilateral /hat is the level of pain?	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None	s) today. Symptom #5 mptom Start Date Experienced b	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom In what side are you experi Left Right Bilateral /hat is the level of pain? None 0 1 2 3	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None 4 5 6 7 8	s) today. Symptom #5 mptom Start Date Experienced b	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom On what side are you experi Left Right Bilateral /hat is the level of pain?	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None 4 5 6 7 8	s) today. Symptom #5 mptom Start Date Experienced b	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom In what side are you experi Left Right Bilateral /hat is the level of pain? None 0 1 2 3	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None 4 5 6 7 8	s) today. Symptom #5 mptom Start Date Experienced b	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom In what side are you experi Left Right Bilateral /hat is the level of pain? None 0 1 2 3	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None 4 5 6 7 8	s) today. Symptom #5 mptom Start Date Experienced b 9 10	efore?
Become Pain Free Explan Reduce Symptoms Resum Tel mptom Left Right Bilateral /hat is the level of pain? None 0 1 2 3 /hat is the intensity of the p	ation of my Condition Learn ne Normal Activity Il us about your symptom(s sy iencing the pain? Central None 4 5 6 7 8 Dain? Moderate Severe Un	s) today. Symptom #5 mptom Start Date Experienced b 9 10	efore?



### What are your expectations regarding this symptom?

Become Pain Free Reduce Symptoms Explanation of my Condition Resume Normal Activity Learn how to care for this condition on my own