



**CALL US TODAY: 704-583-6129**

10955 Winds Crossing Dr. Suite 400  
Charlotte, NC 28273

**Tell Us About Your Pain**

What is your current level of pain? If your pain comes and goes then choose how severe the pain is on a typical pain episode.

- 0 (No Pain)  1  2  3  4  5  6  7  8  9  10 (Extreme Pain)

What is your source of pain? (check all that apply)

- Lower Back  Bulging Disc
- Herniated Disc  Leg Pain
- Mid Back  Tingling in Toes or Feet

What types of doctors have you seen for your pain? (check all that apply)

- Chiropractor  General Doctor
- Pain Management  Other
- Orthopedic Surgeon  None
- Neurologist

When did your pain begin?

- Less than a month ago  1-3 months ago  3-12 months ago  More than a year ago

What medications or treatments are you receiving for your pain? (check all that apply)

- Chiropractic Care  Muscle Relaxants
- Physical Therapy  NSAID
- Acupuncture  Other/Unsure
- Opioid Pain Medication  None

**How Did it Happen?**

How did the pain begin? (check all that apply)

- Accident at Home  Came on Gradually Explain: \_\_\_\_\_
- Vehicle Accident  After an Illness \_\_\_\_\_
- Accident at Work  Sports Related \_\_\_\_\_
- Just Began  Other \_\_\_\_\_
- After Surgery \_\_\_\_\_

Check any of the following tests you have had for this condition. (check all that apply)

- MRI  EMG
- CAT Scan  Other Test
- X-Ray  None

Have you had any surgeries related to your existing pain? Explain: \_\_\_\_\_

- Yes  No \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



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Have you had any of the following treatments/procedures? (check all that apply)

- Joint Injection
- Trigger Point Injections
- Nerve Block
- Percutaneous Discectomy
- None of the above

**Tell Us About Yourself**

Do you have any type of health or medical insurance?

- Yes  No

How serious do you view your condition?

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Do you have any additional information about your condition you want us to know or any questions about treatment options we can help answer?

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What Is Your First and Last Name?

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What is your best email address? (used to send treatment qualification information)

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What is your best contact phone number?

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The information provided is not intended as a diagnostic tool and does not replace an in-person examination and agreed upon course of action. Medical results may vary from patient to patient. If you feel that you have a medical emergency contact your doctor or call 911 immediately.