

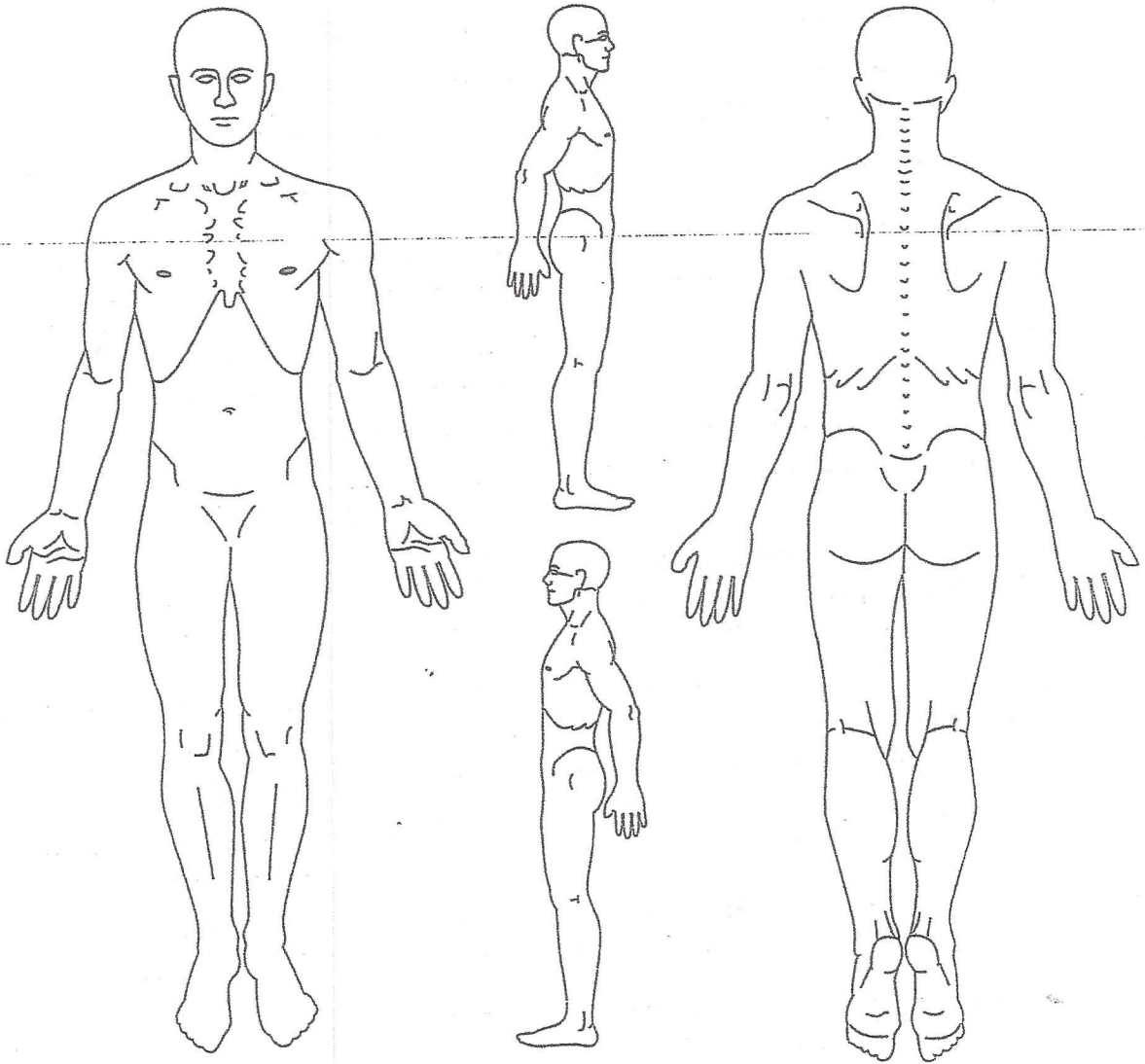
Patient Name(Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient ID # \_\_\_\_\_

Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:

**D** = Dull  
**B** = Burning  
**N** = Numb

**S** = Stabbing/Cutting  
**T** = Tingling (Pins & Needles)  
**C** = Cramping



On the scales below, please draw a vertical line representing your pain or discomfort:

Rate the pain you have right now:

Rate your pain at its best in the past week:

No Pain

Unbearable Pain

No Pain

Unbearable Pain



Rate your average pain in the past week:

Rate your worst pain in the past week:

No Pain

Unbearable Pain

No Pain

Unbearable Pain



Name of Patient \_\_\_\_\_ Date \_\_\_\_\_

## WHAT TO EXPECT AFTER YOUR FIRST ADJUSTMENT

**Please read the following information carefully. Sign the bottom of the sheet to indicate that you understand the instructions and information given.**

1. If you have never been adjusted, or if it has been awhile since your last adjustment, you may experience soreness or discomfort for a few hours to a few days. This is a normal reaction to chiropractic adjustments.
2. If you are sore, use ice packs on the affected area. Ice therapy consists of the use of ice packs at 20-minute intervals followed by 40 minutes of rest. This can be repeated as often as needed. Do not apply ice directly to bare skin. Always protect skin with a thin covering such as a shirt or light towel. Cover the ice pack with a thick towel to retain the cold.
3. Do not use heat except under the doctor's instruction. Heat may aggravate your injury.
4. Stay away from heavy lifting or repetitive movements until the doctor indicates you are ready for normal activities. Strenuous athletic activities such as running, lifting weights, impact aerobics, racquetball, tennis, skiing, bowling, etc. should be avoided. Other things to avoid are yard work such as raking, digging, lifting heavy objects such as groceries, pets and children, and any other activities that could aggravate or re-injure your condition.
5. Unless indicated by the doctor, you may return to work/school after your appointment.
6. If a sudden movement causes sharp or severe pain, or if you experience swelling, contact the clinic at (603) 886-4500. After hours, contact Dr. Stephen Dohoney at (603) 689-8896.

I have read and understand the instructions given for my follow-up care.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date