

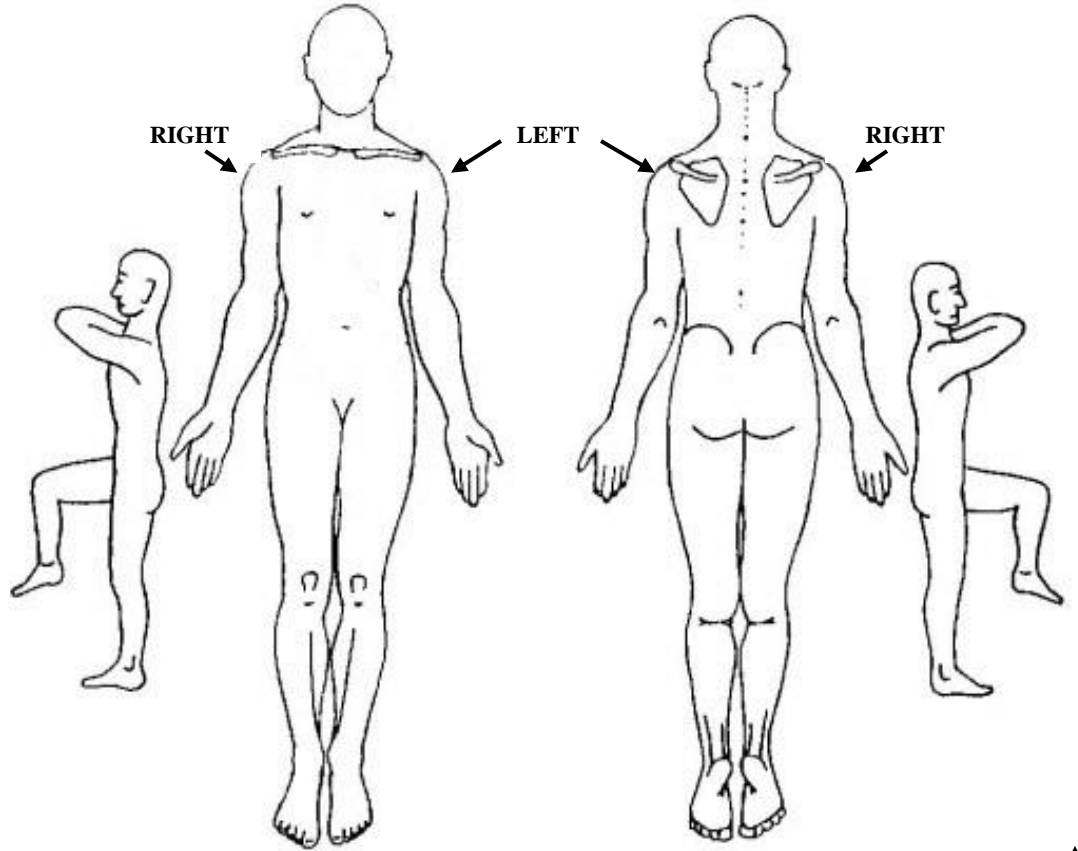
TODAYS DATE:	PRINT NAME:
DATE OF LAST MASSAGE:	SIGNATURE:

Are you feeling:

**BETTER    WORSE    ABOUT THE SAME**    Using the diagram below, indicate where you are having problems.

**A = ACHY    B = BURNING    C = CRAMPING    D = DULL    N = NUMB    S = SORE    St = STABBING    T = TINGLING**

Pain level = ☺ 1 to 10 ☹	
Neck	
Shoulder	
Elbow	
Wrist	
Hand	
Mid Back	
Ribs	
Low Back	
Tail Bone	
Hip	
Knee	
Foot	



Use the area below to write a description of your problem and give a history as to how the problem began: