



Dr. Rebecca Bomgaars, Doctor of Chiropractic

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PATIENT UPDATE

Patient Name: Date:

Has your phone, address or email changed? If so, please write corrections below:

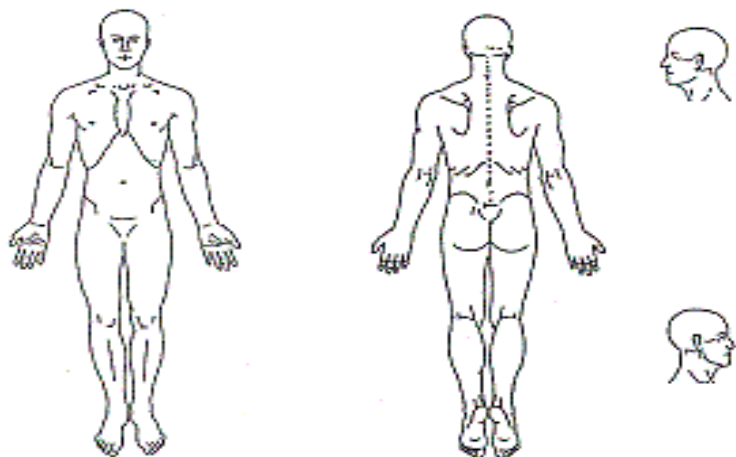
What is your current height and weight?

Have you had any new medical diagnoses, surgeries, or accidents since last visit?

Please list any medications and their dosages as well as how you take them (ex: pill 2x daily)

IF YOU ARE IN PAIN, PLEASE MARK THE EXACT LOCATION OF YOUR PAIN ON THE DIAGRAM BELOW. ALSO DESCRIBE THE TYPE AND FREQUENCY OF YOUR PAIN, AS WELL AS ANY ACTIVITY WHICH BRINGS ON OR AGGRAVATES THE PAIN. FOR EXAMPLE, DULL, SHARP, CONSTANT, OFF & ON, WHEN STANDING, WHEN SITTING, ETC.

COMPLETE THESE DIAGRAMS



On a Scale of 0-10, what number would you give your pain? Please specify each area:

Patient's Signature:

Date: