

### **Fare Chiropractic Application for Treatment Instructions**

1. List your complaint(s) in order of severity on the lines numbered 1-6.
2. Complete the pain drawing by illustrating where your pain is located, if it goes anywhere etc. Use the key to the left to describe the type of pain, etc. Be as detailed as you can.
3. Write your 1<sup>st</sup> rated problem as listed on page 1. This will be problem/complaint #1. Complete the questions in this section as they relate to problem/complaint #1.
4. If you have additional problem/complaints list them as #2, #3 etc. and complete the questions in each of their respective sections.
5. Complete your current height and weight and then sign and date the form.
6. If you have a neck or back problem/complaint please download and complete the neck pain and disability and/or low back pain and disability questionnaire(s).