Welcome to Our Office

Name			
Address			
City		State	_ Zip
Age	Birthdate	Home Phone	
Gender	Marital Status: M	S W D Cell Phone	
Whom may	we thank for referring you? _		
Were you in	volved in an automobile accid	ent? Yes No When	
Did your inj	ury occur while at work?	Yes No When	
Is your cond	ition due to an accident or illn	ess?	
	sult your doctor and has a doc		
Past Surgeri	es:		
Past and pre	sent broken bones:		
office can sı	s in this office do not participubmit your claim on your be your card to the assistant to co	half for you to be reimbur	
I authorized	this office to release any infor	mation necessary to expedit	e insurance claims.
I understand	that I am responsible for all c	harges regardless of insuran	ce coverage.
	Patient's Signature	Date	

Thank you for choosing our office.

^{*} Please turn this page over.

Dr. Keith E. Denton

Dr. Graham E. Denton

Dr. Teresa A. Palmer

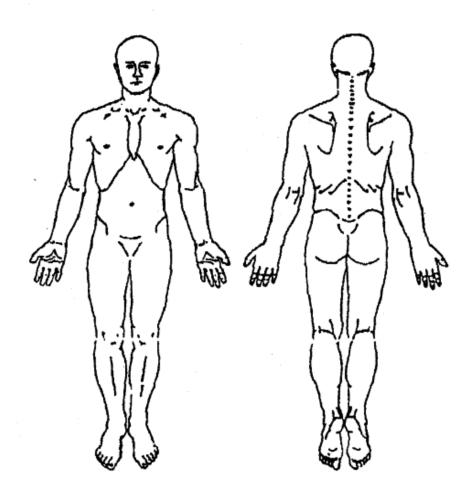
Symptoms

Head:	Mid Back:
Headache	Mid back pain
Location of Headache	Pain between shoulder blades
Migraine	Sharp stabbing pain in mid-back
Head feels heavy	Muscle spasms
Light-Headedness	
Fainting	Chest:
Loss of Balance	Chest pain
Dizziness	Shortness of breath
Ringing in ears	Pain around ribs
	
Neck:	Low Back:
Pain in neck	Low back pain
Neck pain with movement	Low back pain is worse when:
Stiff neck	Working
Muscle spasms in neck	Lifting
Grinding sounds in neck	Stooping
Popping sounds in neck	Standing
	Sitting
Shoulders:	Bending
Pain in shoulder joint (R – L)	Coughing
Pain across shoulders	Disc problems
Bursitis (R – L)	Muscle Spasms
Can't raise arm	
Above shoulder level	Hips, Legs, and Feet:
Overhead	Pain in buttocks (R –L)
Tension in shoulders	Pain in hip joint $(R - L)$
Muscle spasms in shoulders	Pain down leg $(R - L - Both)$
-	Leg cramps
Arms and Hands:	\longrightarrow Pins and needles in legs $(R - L)$
Pain in upper arm or forearm	\longrightarrow Numbness of leg $(R - L)$
Pain in hands or fingers	$_$ Numbness of feet $(R - L)$
Tingling sensation in arms or fingers	Numbness of toes
Fingers go to sleep	Feet feel cold
Hands cold	$_$ Cramps in feet $(R - L)$
Swollen joints in fingers	\longrightarrow Swollen ankles $(R - L)$
Sore joints in fingers	$__$ Swollen feet $(R - L)$
Loss of grip strength	
Current Complaints:	

PAIN DRAWING

Using the symbols given below, mark the area on you body where you feel the described sensations. Include all affected areas.

Aching Numbness Pins & Needles Burning Stabbing Other $\Delta \Delta \Delta \Delta = = = = = 00000$ XXX ////



Signature	Date	