

Elbert Chiropractic Clinic

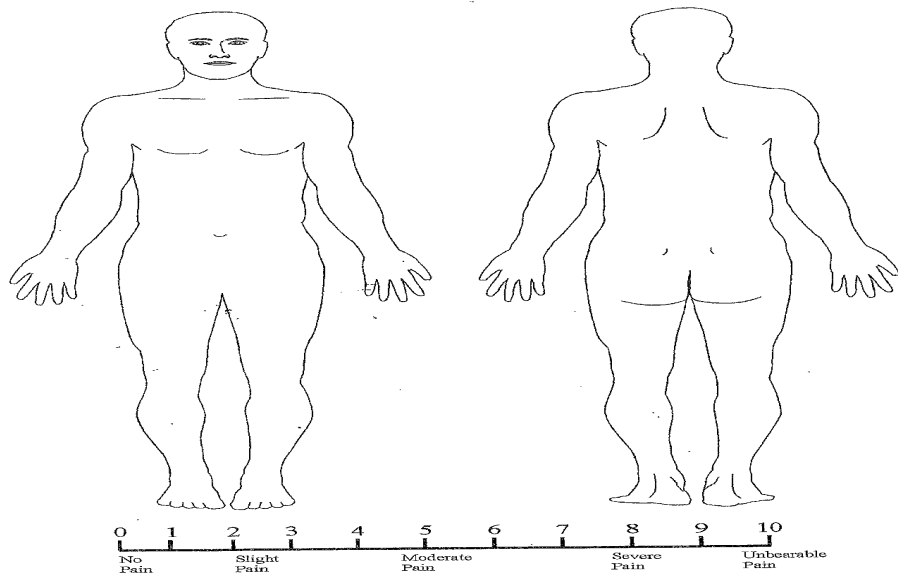
PRE-SCAN CHECKLIST

1. Have you had any caffeinated beverages today? Yes No How many? _____
2. Have you used any tobacco today? Yes No How much? _____
3. Have you taken any over the counter drugs in the last 48 hours? Yes No
Please name all: _____
4. Have you taken any prescription drugs in the last 48 hours? Yes No
Please name all: _____
5. Have you used any skin products on your back today? Yes No
6. Have you had a work out today? Yes No
7. Are you currently experiencing any type of emotional turmoil? Yes No
8. Have you had a sunburn in the last 5 days? Yes No

PAIN SCALE

Date _____ Name (please print) _____ Signature _____

Using the scale guide below, put numbers on the areas of the body where you feel pain or discomfort.



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