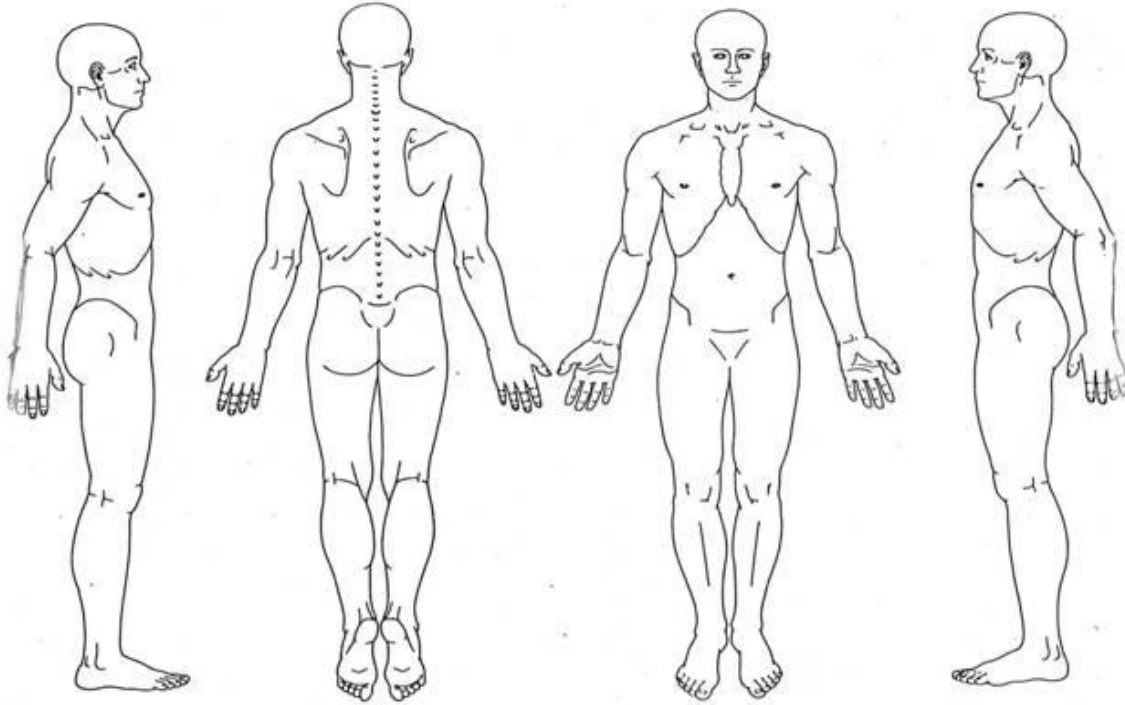


HOLLY SPRINGS CHIROPRACTIC MEDICAL HISTORY

Please Indicate the Area of Complaint (If Applicable):



Is this Pain/Sensation: (Please Circle)

SHARP

STABBING

DULL

ACHY

THROBBING

TINGLING

STIFF

BURNING

NUMB