

CONFIDENTIAL PATIENT INFORMATION FOR AUTO ACCIDENTS

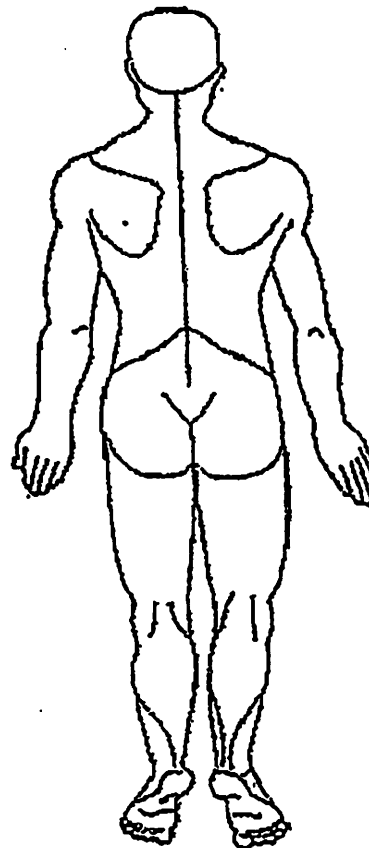
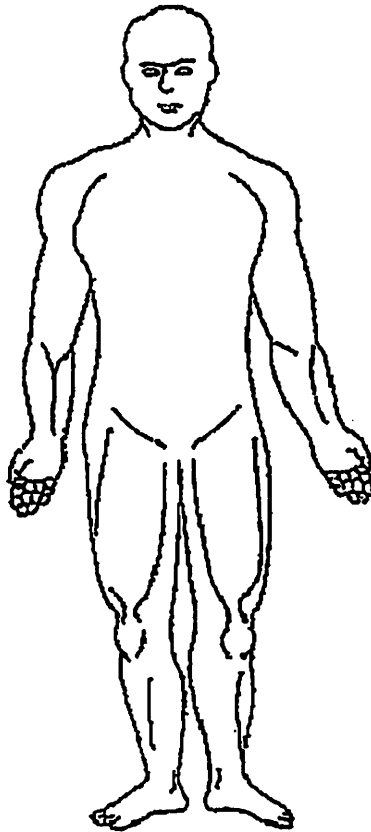
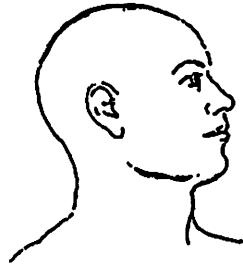
PAIN CHART

Please make the number on the drawing that most closely describes the sensations you feel.
Use arrows to show radiating pain or odd sensations. Fill this out very accurately.

- 1. numbness
- 2. tingling
- 3. burning

- 4. ache
- 5. sharp
- 6. throbbing

- 7. stabbing
- 8. pins and needles



PATIENT SIGNATURE: _____ DATE: _____

**CHIROPRACTIC
CARE CENTER**



Kenneth W. Trapp DC, DACs

Travis Kummer MS, DC, ATC

Claudia Meneghin, LMT

Nicholas Kanui Worst, LMT

MESSAGE CANCELLATION POLICY

Chiropractic Care Center
5600 Pacific Ave SE
Lacey, WA. 98503

By signing this you agree to give at least **24 hours** notice for massage appointment cancellations or incur a \$25.00 cash fee. **If you prefer to pay with check or credit/debit card there is an extra \$5.00 processing fee on top of the \$25.00 no show fee.**

Please check and sign to agree to this policy:

I understand that under the Chiropractic Care Center Cancellation Policy that if 24 hours notice is not given to cancel a massage I will personally incur a \$25.00 cash, cancellation fee. This fee is to be paid upon the next visit and cannot be charged to any insurance but must be paid by myself, the patient.

Print Name: _____

Signature: _____

Date: _____

Phone: 360-493-2000

Fax: 360-493-2437

Website:

Chirocarecenterlacey.com

Location:

5600 Pacific Ave SE

Lacey, WA 98503