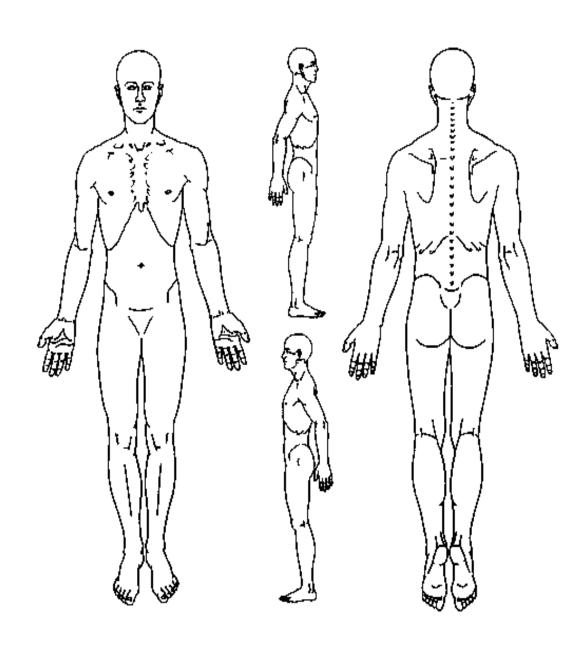
MCMULLEN CHIROPRACTIC CLINIC SYMPTOM DIAGRAM

PATIENT_	
DATE	

On the diagram below, please mark where you are experiencing pain or other symptoms, right now.



SIGNATURE ____ DATE