Describe Your Pain

Please mark area(s) of injury or discomfort as shown below in the example. Indicate the degree of pain using a scale of 1 (minimal discomfort) to 10 (extreme pain).

Numbness	Pins & Needles	Burning	Aching	Stabbing
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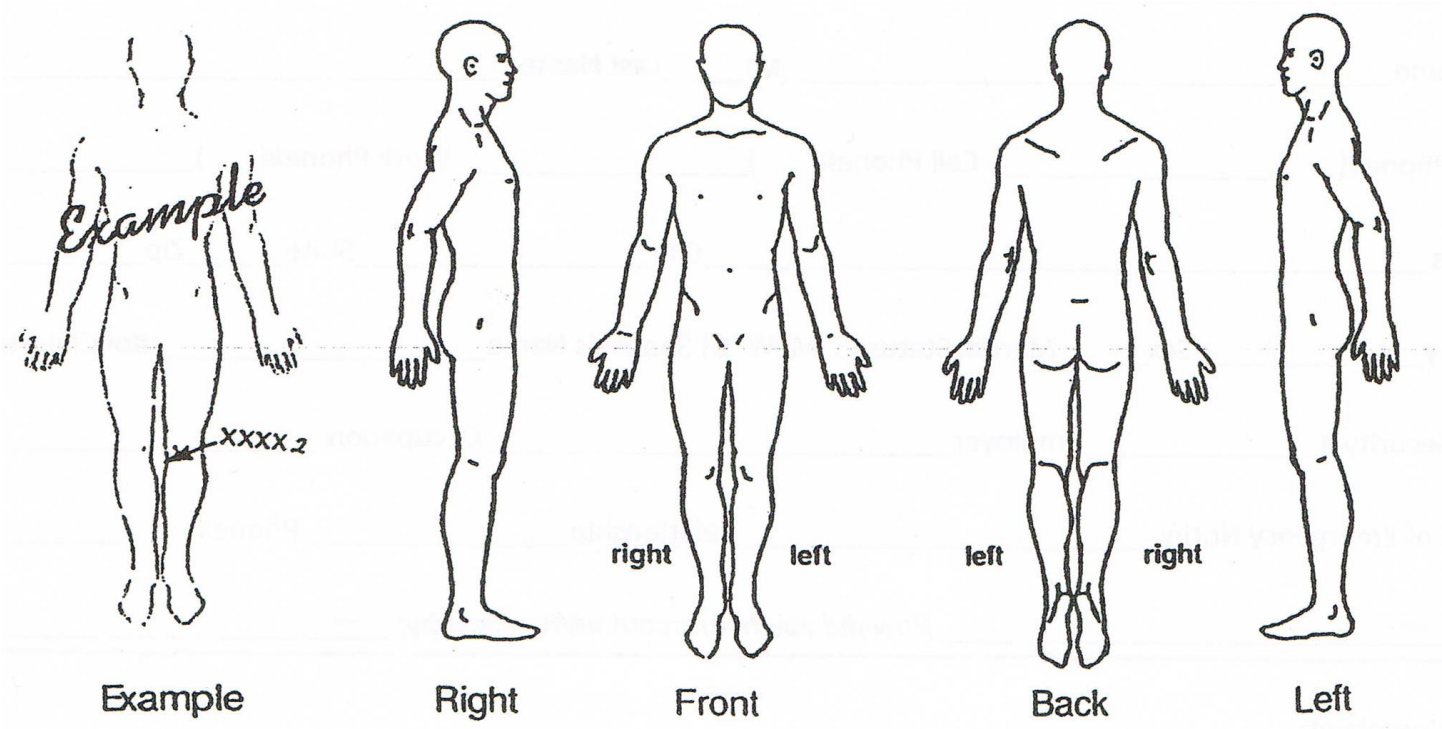

Pain Severity Scale:

Rate the Severity of your pain by checking one box on the following scale

No Pain	0	1	2	3	4	5	6	7	8	9	10	Excruciating Pain

Patient Agreements

I understand and agree that health and accident insurance policies are an arrangement between an insurance carrier and myself. I authorize payment from my insurance carrier directly to this office with the understanding that all monies will be credited to my account upon receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care and treatment the fees for professional services rendered me will be immediately due and payable. In the event of default I promise to pay legal interest on the indebtedness together with such collection costs and reasonable attorney fees as may be required to effect collection. I also agree and authorize Dr. Travis Taira when necessary, to release any and all information regarding my condition while under his care for the purpose of obtaining additional information regarding my treatment for professional services rendered to me.

Signature:_____ Date:_____