Integrity Therapy Group, LLC
416 N Seminary Street, Suite 100
Florence, AL 35630

What medications are you taking now? (Include prescription and over-the-counter drugs, herbals, vitamin/minerals/dietary (nutritional) supplements.) ☐ See Attached Med list and dosages

Medication	Dosage

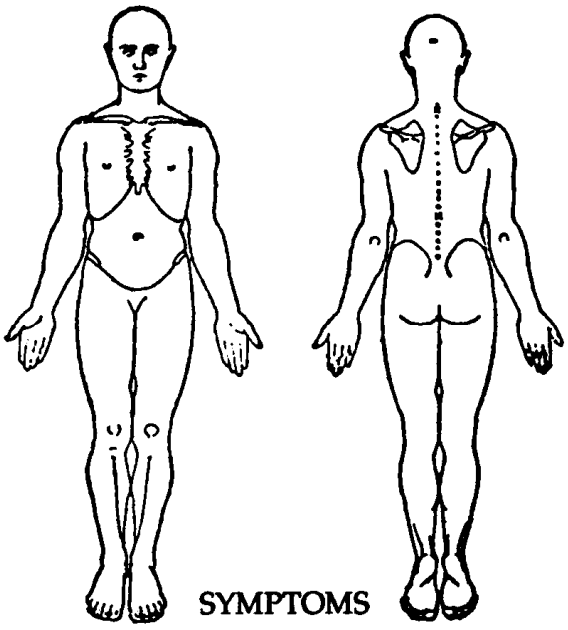
I verify the medications and dosages are correct to the best of my ability

Patient or Authorized Rep Signature _____ Date _____

Pain as bad as it could be

No pain at all

Please Draw a line on this scale to indicate how much pain you are experiencing



Symptoms this episode to be marked on body diagram

Please mark on body diagram where your pain is located