



NIS Patient Case Study

Send us your patient case studies and we include them in the case study section of our website. Use the form below as a guide, and feel free to include any additional notes, test results, or photos you may have to support your case.

When selecting a case, select something where you can demonstrate the following: patient's initial symptom pattern, treatment findings, number of visits, outcome, follow-ups.

Name: _____ D.O.B: _____ Male / Female (circle)

Presenting Symptoms/Patient Complaint:

Diagnosis given prior to NIS treatment:

Testing procedures undertaken prior to NIS treatment: (Scans , x ray, bloods etc)

NIS Findings:

Pain level prior to treatment: _____ (0 = no pain, 10 = severe pain) Following treatment: _____

Symptomatic changes following treatment:

Date: _____

Total # NIS treatments given _____ Date of first treatment _____

Certified to be a correct record: Practitioner Name: _____
(please print)

Practitioner Signature _____