

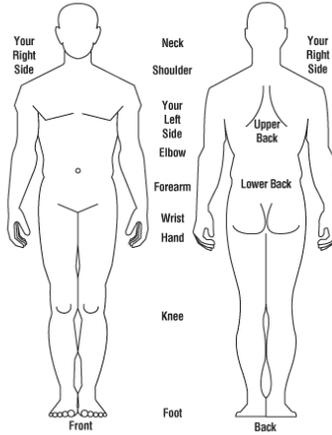
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark the area of injury or discomfort on the chart below, utilizing the appropriate symbols:

Pins & Needles: 0000    Burning: XXXX    Stabbing: ////

Shooting: \*\*\*\*    Aching: ZZZZ



**OFFICE USE ONLY**

HT: \_\_\_\_\_

WT: \_\_\_\_\_

TE: \_\_\_\_\_

0=NO PAIN

10=EXTREMELY INTENSE PAIN

Pain right now:    0 1 2 3 4 5 6 7 8 9 10  
 Worst pain:        0 1 2 3 4 5 6 7 8 9 10  
 Best pain:         0 1 2 3 4 5 6 7 8 9 10

**Present symptoms: I would describe my pain as:**

\_\_\_ Ache                    \_\_\_ Stiffness                    \_\_\_ Sharp                    \_\_\_ Numbness/Tingling                    \_\_\_ Spasms  
 \_\_\_ Soreness                    \_\_\_ Shooting                    \_\_\_ Stabbing                    \_\_\_ Burning                    \_\_\_ Other

**My pain occurs:**

\_\_\_ Intermittently (comes and goes)                    \_\_\_ Other                    \_\_\_ Once per week  
 \_\_\_ Constantly (never goes away)                    \_\_\_ Once per day                    \_\_\_ Once per month

**My pain is better with:**

\_\_\_ Rest                    \_\_\_ Medication                    \_\_\_ Exercise                    \_\_\_ Change in position                    \_\_\_ Heat                    \_\_\_ Ice  
 \_\_\_ Standing                    \_\_\_ Walking                    \_\_\_ Sitting                    \_\_\_ Other

**My pain is worse with:**

\_\_\_ Lifting                    \_\_\_ Bending                    \_\_\_ Standing                    \_\_\_ Walking                    \_\_\_ Climbing stairs                    \_\_\_ Worry/stress  
 \_\_\_ Sitting                    \_\_\_ Coughing/Sneezing                    \_\_\_ Sexual intercourse                    \_\_\_ Other

**PLEASE UPDATE ANY CHANGES IN YOUR HISTORY SINCE PRIOR VISIT (such as medications, medical conditions, etc):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_