



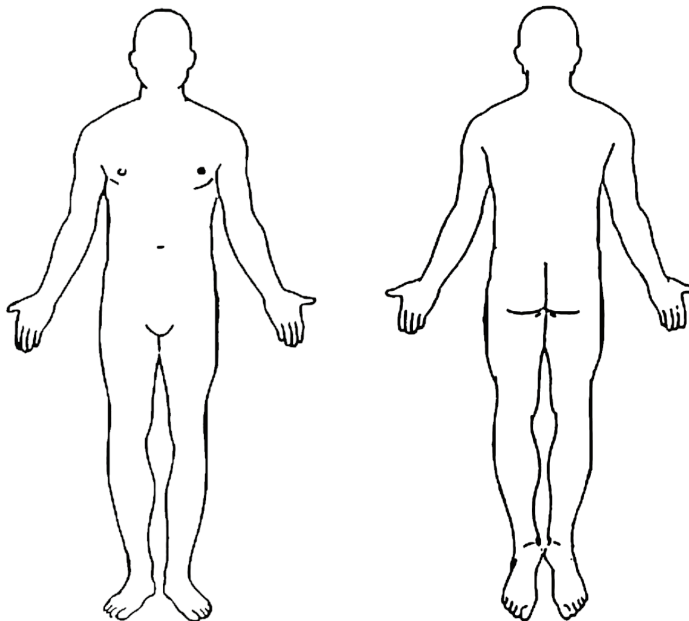
**PATIENT INFORMATION**

PATIENT NAME: \_\_\_\_\_ DATE \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: M / F

**PLEASE DRAW YOUR PAIN**

XXX	BURNING
///	STABBING
000	ACHING
===	NUMBNESS
^^^	CRAMPING
+++	THROBBING
###	OTHER



**DESCRIBE YOUR PAIN**

ON MOST DAYS: NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

AT ITS WORST: NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

AT ITS BEST: NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

TODAY: NO PAIN 1 2 3 4 5 6 7 8 9 10 WORST PAIN EVER

HOW MANY HOURS OF THE DAY ARE YOU IN PAIN? \_\_\_\_\_

HOW MANY DAYS PER WEEK ARE YOU IN PAIN? \_\_\_\_\_

HOW MANY WEEKS PER YEAR ARE YOU IN PAIN? \_\_\_\_\_

WHAT PAIN MEDICATIONS HAVE YOU TAKEN TODAY? \_\_\_\_\_

**RETURN PATIENTS - AFTER YOUR LAST TREATMENT**

PAIN EXPERIENCED:  NONE  MILD  MODERATE  SEVERE LASTING \_\_\_\_\_ DAYS

PAIN RELIEF:  NONE  MILD  MODERATE  MAJOR  TOTAL