

PATIENT NAME:

First

MI

Last

On a scale of 1 - 10, how would you describe your pain level when it is at its worst?

NO COMPLAINTS

EXTREME PAIN



0



1



2



3



4



5



6



7



8



9



10

PAIN DIAGRAM

Place an "X" on the area of pain; use the appropriate symbol of other symptoms you feel.

If you are being seen for your foot or hand/wrist, please use the diagrams at the bottom of the page.

Pain

xxx

Aching

\$\$\$

Numbness

+++

Pins & Needles

...

Burning

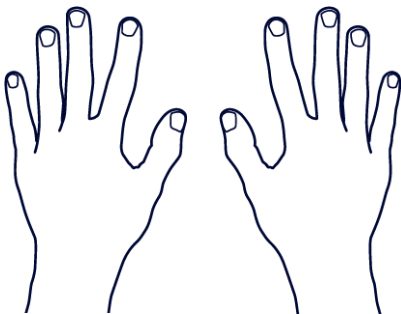
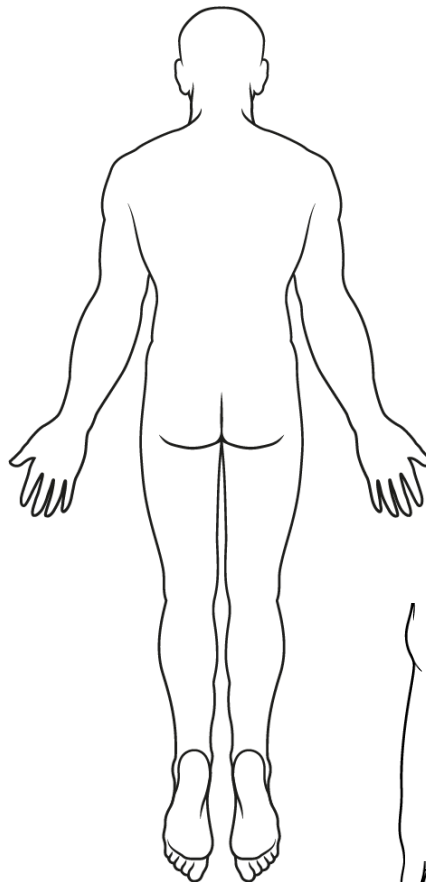
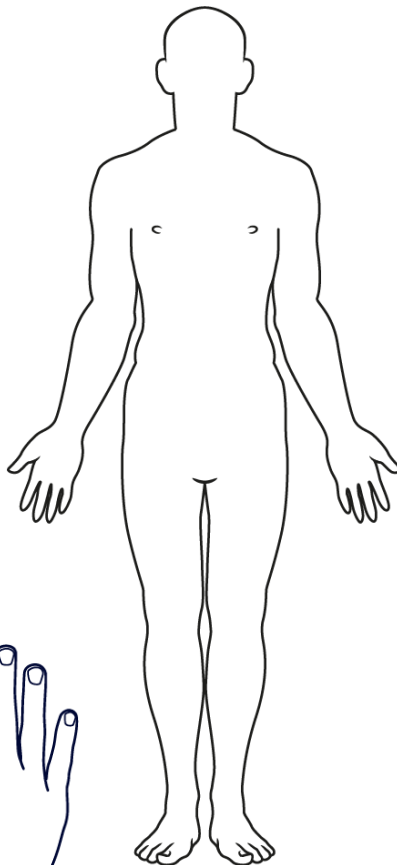
vvv

Stabbing

///

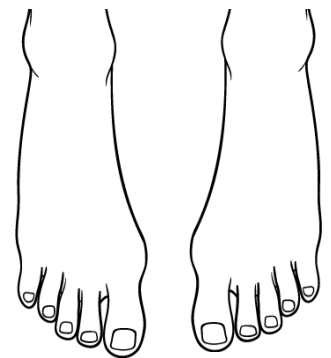
FRONT VIEW

BACK VIEW



LEFT

RIGHT



RIGHT

LEFT

SIGNATURE:

DATE:

Name and relationship of person completing this form: