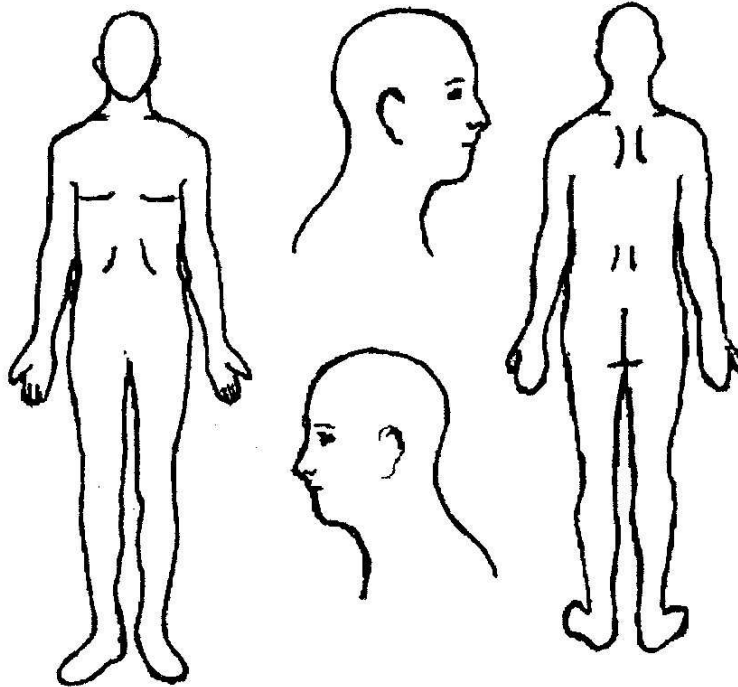


Date of Visit: ___ / ___ / ___ Name: _____ Age: _____

What brought you here today? _____

Place an "X" on the drawing below
On areas causing you pain & the
Appropriate letter describing
your pain

A = Ache
B = Burning
S = Stabbing
S = Stabbing
N = Numbness
P = Pins & Needles



PAIN SCALE

Please circle the number that best describes your pain
(0 = no pain 10 = worst pain)

0 1 2 3 4 5 6 7 8 9 10

None

Little

Moderate

Severe