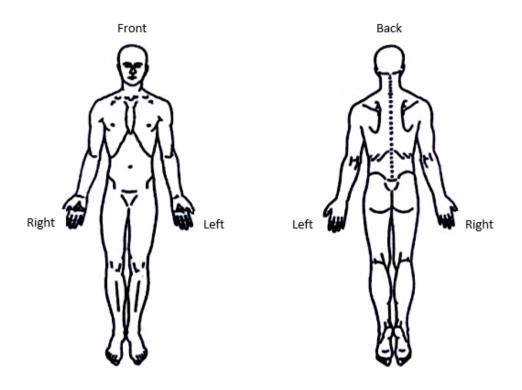


Patient Name:				DOB:			
Occupation	:	Is this a v	vork related injury?	Please circle	e YES	NO	
Are you cur	rently involved or co	nsidering involveme	nt in any type of litig	ation? Please	specify	below.	
□ Lawsuit	☐ Workers Comp.	■ Disability Claim	☐ Social Security C	laim □ Ot	her:		

PAIN DIAGRAM

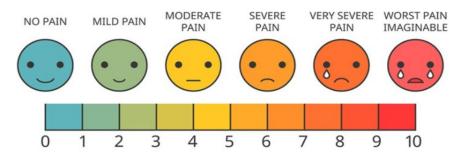
Where is your pain located? Please draw on the body diagrams below to show where you feel the sensations. Use the symbols in each category to help indicate the type of pain you are having. Please feel free to provide further detail regarding your pain.

Ache	Numbness	Burning	Stabbing	Pins and Needles
AAA	000	XXX	///	



Are you taking any medications for this condition?	Please circle	YES	NO	
If yes, what medication?				

Please use the pain scale below to answer the following questions.



On a scale of 0-10, how would you rate your pain at this moment?
On a scale of 0-10, how would you rate your pain on your worst day?
What makes the pain better?
What makes the pain worse?
Has anything changed since you last saw the spine team?