

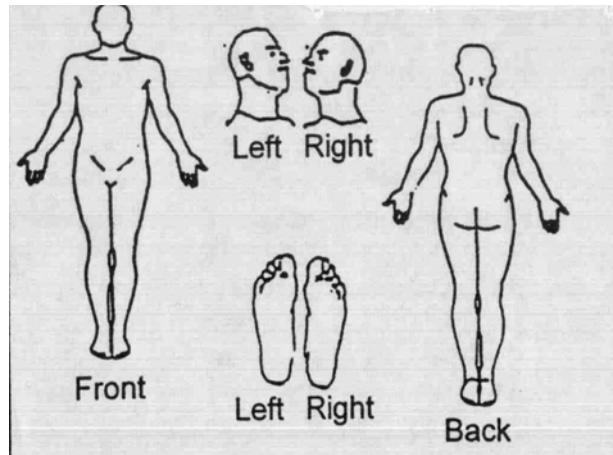
Name:
(Please Circle)
 Location of Pain: Neck Back Arms (left right both) Leg(left right both)
 Pain on which side: Left Right Both
 If all your pain = 100%, assign each area a percentage: Arm ___ Leg ___ Back ___ Neck ___
 Worse when: Standing Sitting Walking
 How far can you walk?
 Better when: Lying down Standing Sitting Walking No Different
 What position gives least amount of pain?
 Pain aggravated by: Coughing Sneezing Straining Bending forward Bending backward
 How long have you had present pain?
 What do you think started your pain?

Have you had the following:	Yes	No	Body Part	Date	Yes	No	Body Part	Date
Myelogram	<input type="checkbox"/>	<input type="checkbox"/>			MRI	<input type="checkbox"/>	<input type="checkbox"/>	
Discogram	<input type="checkbox"/>	<input type="checkbox"/>			CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	
Plain X-Rays	<input type="checkbox"/>	<input type="checkbox"/>			EMG	<input type="checkbox"/>	<input type="checkbox"/>	
Is this a 2 nd opinion?			Yes	No				

On diagram, please **SHADE** in location of your pain
 Please **CIRCLE** the one most painful area

Check all that describes pain:

- Sharp
- Shooting
- Throbbing
- Stabbing
- Burning
- Aching
- Sickening
- Punishing



Please **circle** a number to indicate the level of your pain for of the following:

Average level of pain you have every day
 ➤ No Pain = 0 1 2 3 4 5 6 7 8 9 10=Worst Possible Pain
 ➤

Level of pain you have now
 ➤ No Pain = 0 1 2 3 4 5 6 7 8 9 10=Worst Possible Pain