Pain Diagram: Mark the areas on your body where you now feel your typical pain. Include all areas. Use the following symbols (if you have not pain, skip to the next page):

- Pain XXXX
- Numbness OOOOO
- Pins and Needles ////

Put a large X where you have the most pain

PLEASE CIRCLE ALL THAT APPLY:

How long have you had your pain? ___ Weeks ___ Months ___ Years

How often do you have your pain? Constant Comes and goes

What caused the onset of pain? Work Auto accident Lifting Twisting Other Unknown

Pain Progression? Better Worse Unchanged

Quality of pain? Stabbing Shooting Aching Burning Cramping Other

How severe is your pain at worse? 1 2 3 4 5 6 7 8 9 10

(0=no pain, 10=worst pain imaginable)

How severe is your pain at best? 1 2 3 4 5 6 7 8 9 10

What makes the pain worse? 

What makes the pain better? 

Have you had any of the following? MRI CT scan Bone scan X-rays

Nerve Testing None Other

Massage PT Chiropractor

Medication None Other

Consult with a medical/surgical specialist

EXERCISE

Number of days per week? 

Number of minutes on average? 5 10 15 20 >30

Do you sweat while exercising? Yes No
**REVIEW OF SYSTEMS.** Mark any of the following symptoms that you have had during the past year.

### CONSTITUTIONAL SYMPTOMS
- Recent weight change
- Fever or chills
- Night sweats
- Lack of energy or fatigue
- None of the above

### SKIN/BREAST
- Rash
- Skin sores or ulcers
- Breast pain, lump or discharge
- None of the above

### STOMACH AND INTESTINES
- Frequent nausea or vomiting
- Bloody vomiting
- Abdominal pain
- Recurring diarrhea
- Blood in stools
- Frequent or severe constipation
- None of the above

### NEUROLOGICAL
- Headaches
- Light headedness or dizziness
- Convulsions or seizures
- Numbness or tingling in arms or legs
- Weakness in arms or legs
- Frequent falls
- None of the above

### PSYCHIATRIC
- Difficulty sleeping
- Loss of appetite
- Memory loss or confusion
- Nervousness or anxiety
- Stress
- Depression
- None of the above

### ENDOCRINE
- Easy bleeding or bruising
- Swollen glands or lumps in neck, armpits or groin
- None of the above

### ALLERGIC/IMMUNOLOGIC
History of allergic reaction to:
- Penicillin or other antibiotics
- Morphine, Demerol, or other narcotics
- Vaccines or anesthetics
- None of the above

### OTHER (please list any other symptoms)


