

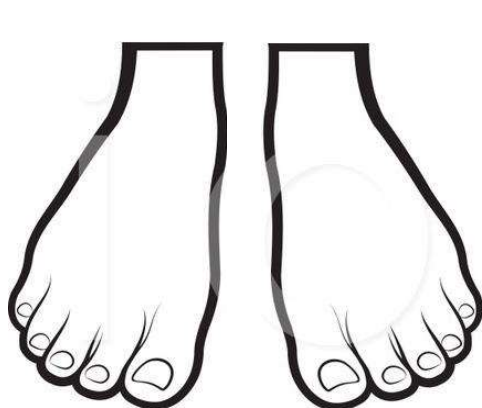
**Dr. Alexander Pappas D.P.M, FACFAS Established Patient Pain Drawing**

Please use the diagrams below to pin point with an "X" where your pain is located:

Top of Feet

Bottom of Feet

Back of feet



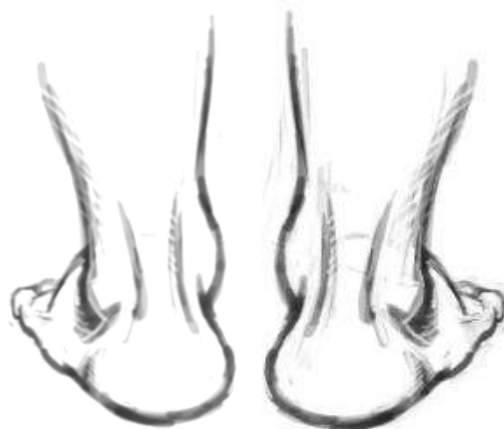
Right

Left



Right

Left



Left

Right

Please circle the type of pain you are having. If you have no pain, please circle "NONE".

Sharp

electric

dull & aching

shooting

burning

throbbing

cramping

numbness

tingling

**NONE**

Please circle your AVERAGE pain level below. With "0" meaning no pain and "10" being the worst pain.

0      1      2      3      4      5      6      7      8      9      10

Have you started or stopped any medications since your last visit?

YES

NO

If yes, please list them below:

\_\_\_\_\_

What percentage improvement would you say you have since your last visit?

No improvement      10%      20%      30%      40%      50%      60%      70%      80%      90%      100%

**FOR DIABETICS ONLY:**

When was your last blood sugar check? (date) \_\_\_\_\_ Results: \_\_\_\_\_

When was your last A1C blood test? (date) \_\_\_\_\_ Results: \_\_\_\_\_