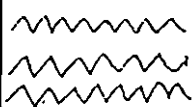

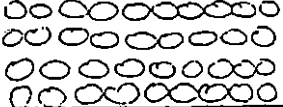
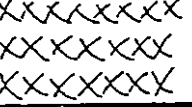



Patient Name: _____ Date of Birth: _____

Date of Appointment: _____

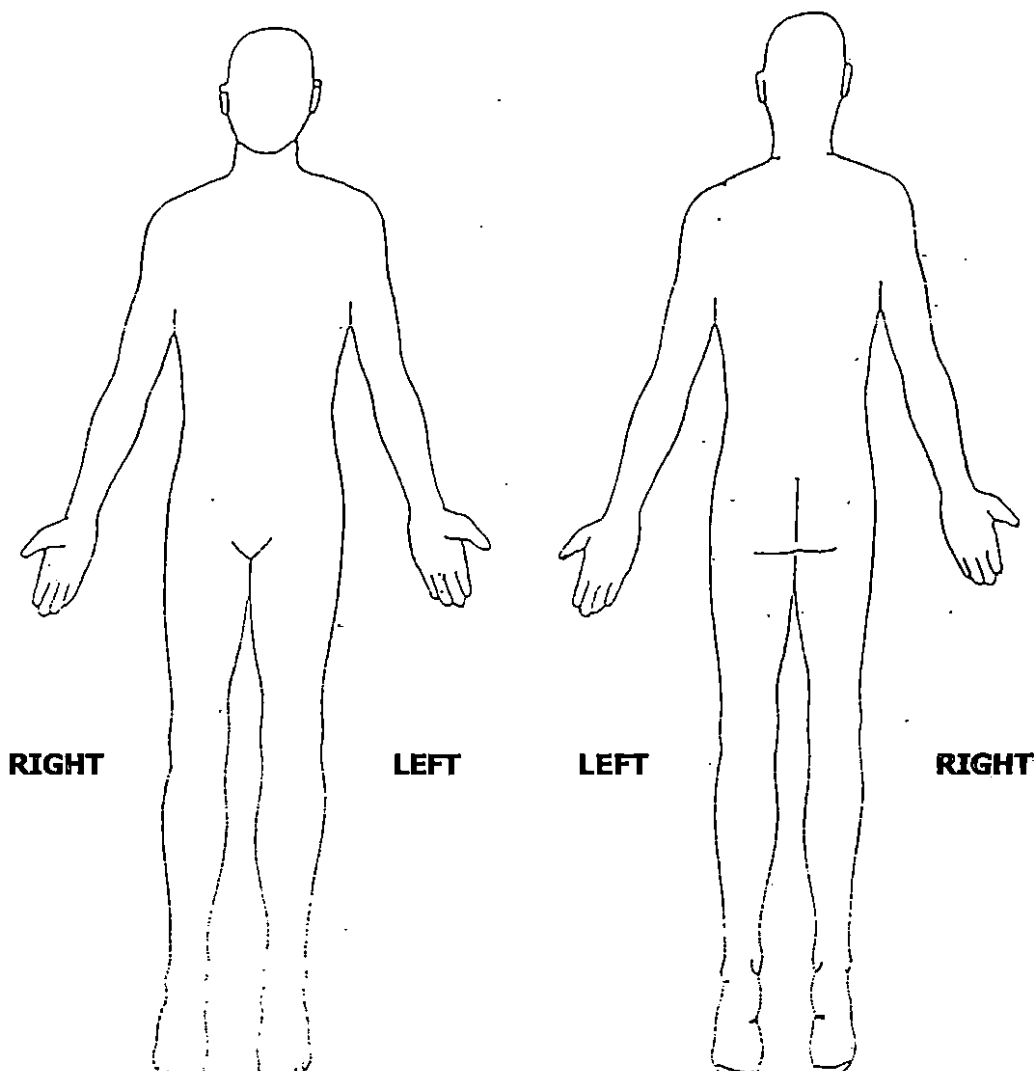
Patient Pain Drawing

On the picture below, mark the area(s) on your body where you feel the described sensations. PLEASE USE THE APPROPRIATE SYMBOLS AND INCLUDE ALL AFFECTED AREAS.

ACHE	NUMBNESS	PINS & NEEDLES	BURNING	STABBING
				

Pain in arm(s) compared to neck: Worse than _____ Same as _____ Less than _____

Pain in leg(s) compared to back: Worse than _____ Same as _____ Less than _____



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List of main complaints: _____

How did this problem begin? _____

How long have you had this problem? _____

Do you have the following:

1. Low Back Pain _____
 2. Sciatica/Leg Pain _____
 3. Numbness _____
 4. Tingling _____
 5. Weakness _____
 6. Neck Pain _____
 7. Arm Pain _____
 8. Bladder/Bowel Chg _____
 9. Trouble Sitting/Standing/Walking _____
 10. Other Symptoms: _____
- _____

Studies and Results:

X-rays _____

Myelogram _____

CT Scan _____

MRI _____

EMG/NCV _____