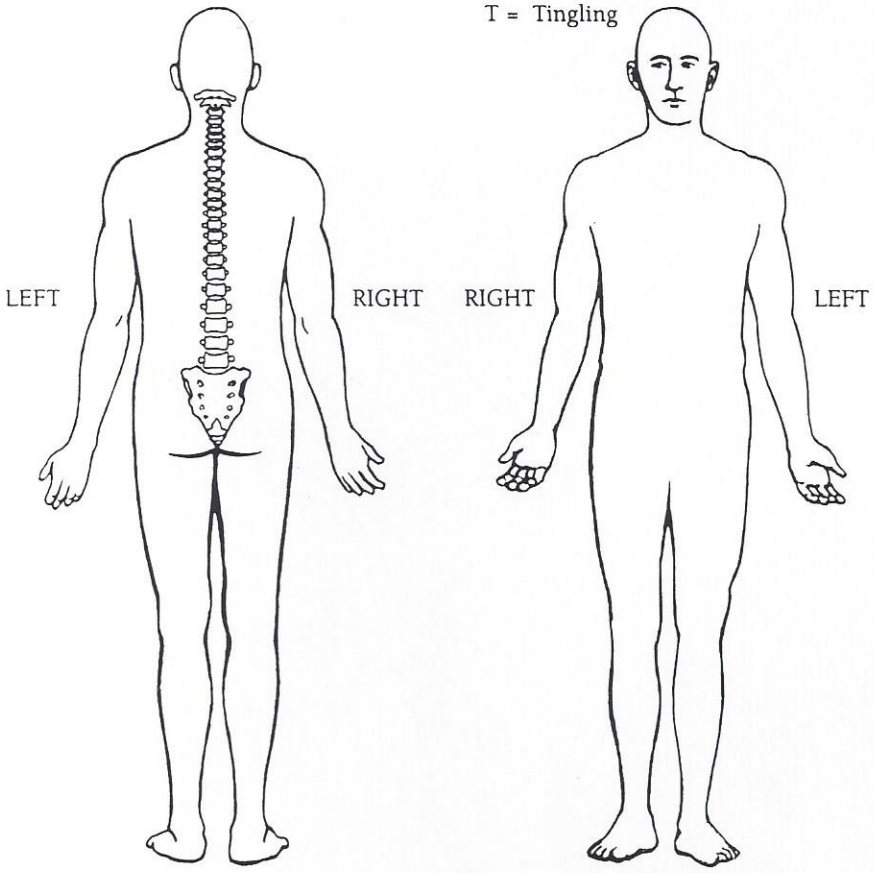
NAME:_____ DATE:_____

MARK PAIN AREA

+++ = Burning
000 = Stabbing
--- = Sharp
III = Constant
XXX = Other

MARK AREA

A = Ache
N = Numbness
P = Pain
S = Soreness
SF = Stiffness
T = Tingling



Please mark area of pain on the drawing using the code listed above.

SEVERITY OF PAIN

List region of pain and circle severity number.
(1 = least, 10 = greatest)

ex. Neck sharp
1 2 3 4 5 6 7 (8) 9 10

REGIONS

Neck _____
1 2 3 4 5 6 7 8 9 10

Mid Back _____
1 2 3 4 5 6 7 8 9 10

Low Back _____
1 2 3 4 5 6 7 8 9 10

Hips _____
1 2 3 4 5 6 7 8 9 10

Arms _____
1 2 3 4 5 6 7 8 9 10

Legs _____
1 2 3 4 5 6 7 8 9 10

Previous Neck Pain # ___ Pain Now #___
Previous Mid-Neck Pain # ___ Pain Now #___
Previous Low-Back Pain # ___ Pain Now #___
Previous Hip Pain # ___ Pain Now #___
Previous Arm Pain # ___ Pain Now #___
Previous Leg Pain # ___ Pain Now #___

HELPS	POSITION	HURTS
❑	Bending Backward	❑
❑	Bending Forward	❑
❑	Bending Leg	❑
❑	Driving	❑
❑	Lifting	❑
❑	Lying Face Down	❑
❑	Lying on Back	❑

HELPS	POSITION	HURTS
❑	Lying on Side	❑
❑	Sitting	❑
❑	Standing	❑
❑	Stretching	❑
❑	Stretching Leg	❑
❑	Turning Body	❑
❑	Turning Head	❑

HELPS	POSITION	HURTS
❑	Walking	❑
❑	Other: Describe:	❑

_____
_____
_____

Doctor's Signature *Date*

Master Practice Consultants (517)784-9123

Parker Share Center (800)950-8044

PATIENT UPDATED PAIN DRAWING