

PAIN AND SYMPTOM REPORT

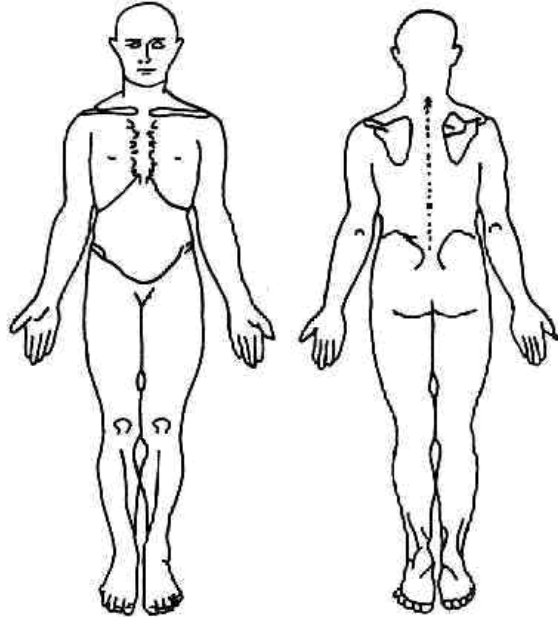
Name: _____ Date: _____

Using the symbols below, please draw the location(s) on the body chart, the type of pain you are experiencing.

Ache: MMM **Pins and Needles:** □ □ □

Burning: - - - - **Stabbing:** / / /

Numbness: ○ ○ ○ **Other:** X X X



CHIEF COMPLAINT AND VISUAL ANALOG SCALE

My Chief Complaint is: _____

Date of first symptom your problem occurred on: _____

Second Complaint: _____

Third Complaint: _____

Please circle on the scale below to indicate your CURRENT level of pain:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Extreme Pain

Please circle on the scale below to indicate your AVERAGE level of pain:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Extreme Pain

Please circle on the scale below to indicate your WORST level of pain:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Extreme Pain

Additional Comments: _____