

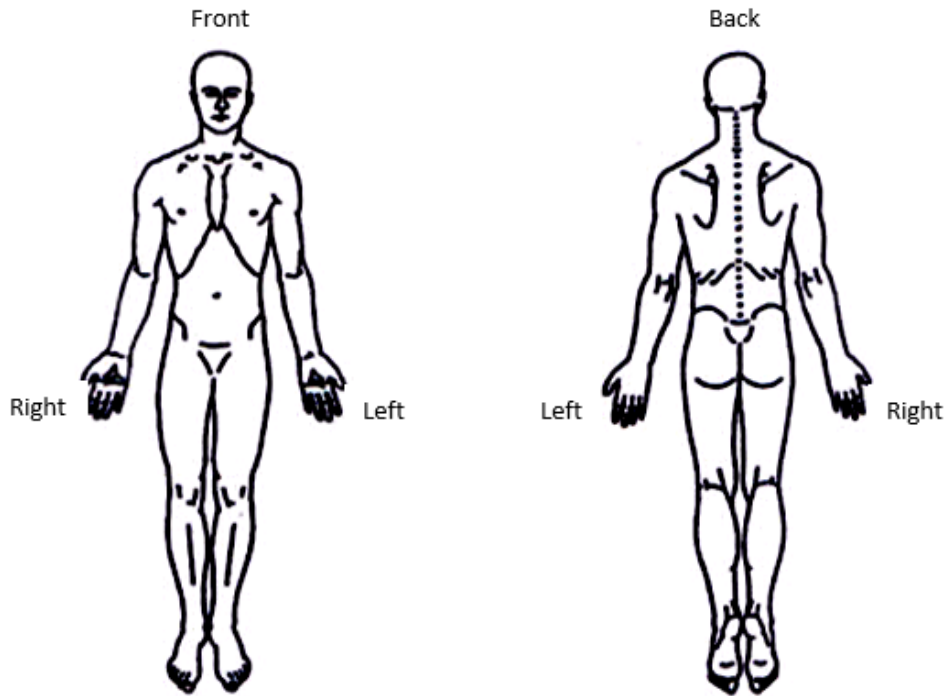
Patient Name: _____ DOB: _____

Occupation: _____ Is this a work related injury? **Please circle** YES NO
 Are you currently involved or considering involvement in any type of litigation? Please specify below.
 Lawsuit Workers Comp. Disability Claim Social Security Claim Other: _____

PAIN DIAGRAM

Where is your pain located? Please draw on the body diagrams below to show where you feel the sensations. Use the symbols in each category to help indicate the type of pain you are having. Please feel free to provide further detail regarding your pain.

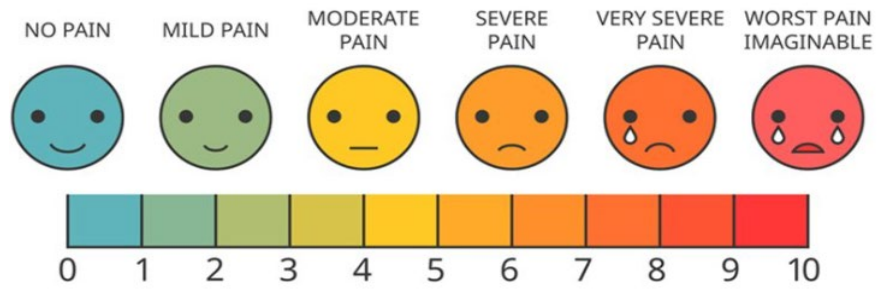
Ache	Numbness	Burning	Stabbing	Pins and Needles
AAA	OOO	XXX	///	---



Are you taking any medications for this condition? Please circle YES NO

If yes, what medication? _____

Please use the pain scale below to answer the following questions.



On a scale of 0-10, how would you rate your pain at this moment? _____

On a scale of 0-10, how would you rate your pain on your worst day? _____

What makes the pain better? _____

What makes the pain worse? _____

Has anything changed since you last saw the spine team? _____