

The following lines represent pain of increasing intensity from “no pain” to “very severe pain.”
 Draw ONE vertical mark on each of the lines below to best describe:
 Your pain right now:

◆-----◆
 No Pain(0) Worst Possible Pain(10)

The average intensity of your pain at it's worst:

◆-----◆
 No Pain(0) Worst Possible Pain(10)

Compared to your last visit, are your symptoms?

Improved Worse Same Different

What pain brings you here today?

- | | |
|--|--|
| <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Right Arm Pain |
| <input type="checkbox"/> Upper Back Pain | <input type="checkbox"/> Left Arm Pain |
| <input type="checkbox"/> Lower Back Pain | <input type="checkbox"/> Pain in Both Arms |
| <input type="checkbox"/> Right Leg Pain | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Left Leg Pain | <input type="checkbox"/> Other – Specify |
| <input type="checkbox"/> Pain in Both Legs | |

If you have neck pain, what percent is neck pain and what percent is arm pain?

_____ % Neck _____ % Arm

If you have back pain, what percent is back pain and what percent is leg pain?

_____ % Back _____ % Leg

Current Medications–

What medications are you currently taking, and for what medical problem? Attach list or use back if necessary

<i>Name:</i>	<i>Dosage:</i>	<i>Frequency:</i>	<i>Notes:</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____