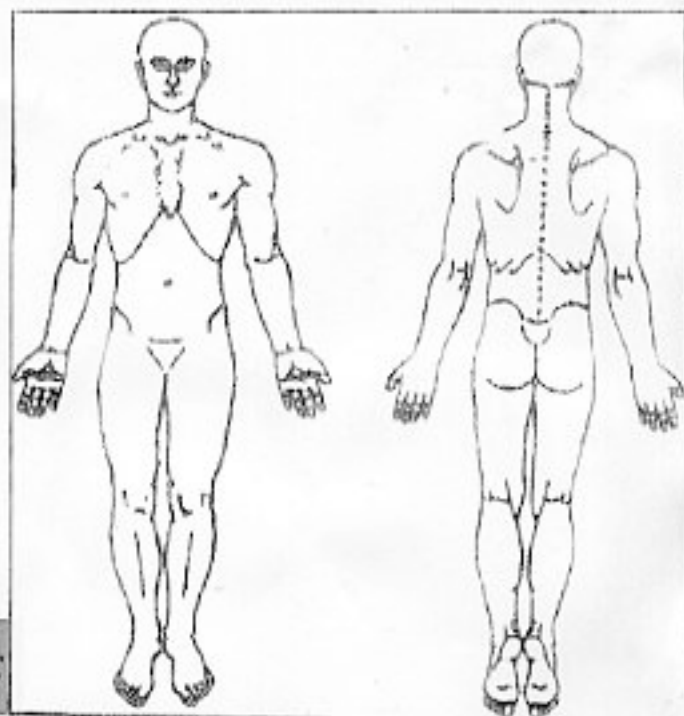


PAIN AND SYMPTOM STATUS REPORT

Name: _____ Date _____

Using the symbols below, please draw at the location the type of pain you are experiencing.

Ache	Burning	Numbness
MMM	-----	OOOO
M	-- --	OOO
Pins and Needles	Stabbing	Other
□□□□□□	/ / / / / / / /	XXXX
□□□□	/ / / /	XXX



CHIEF COMPLAINT AND VISUAL ANALOG SCALE

My Chief Complaint is: _____

Date First Symptom of your problem occurred on _____

2nd Complaint _____

3rd 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 HIGHEST LEVEL OF 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 HIGHEST LEVEL OF 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 HIGHEST LEVEL OF PAIN

Additional comments _____