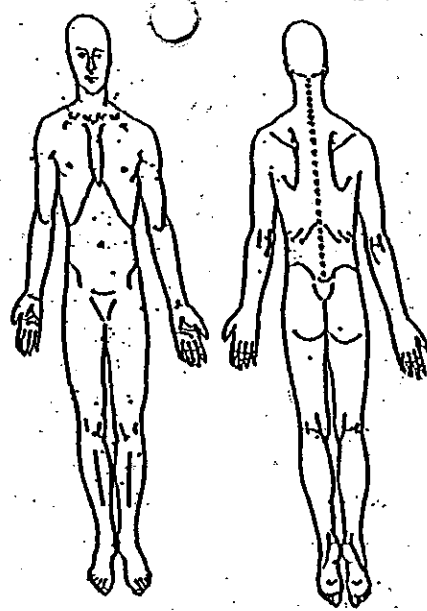


On Body Diagram

Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain. Do not include areas of pain which are not related to your present problem



////	XXX	0000	==
Stabbing	Burning	Pins & Needles	Numb

Pain frequency: Less than daily Daily Increases throughout the day Constant

Night Pain Other _____

On the scale below, please circle the number which represents the average level of pain you have experienced over the last 48 hours:

No Pain *Worst Pain Imaginable*

0 1 2 3 4 5 6 7 8 9 10

Check Those That Apply

What percentage of your normal WORK activities are you able to perform currently?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What percentage of your normal HOME activities are you able to perform currently?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

What percentage of your normal RECREATIONAL activities are you able to perform currently?
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Identify 3 goals that you personally would like to achieve as a result of your therapy

1. _____
2. _____
3. _____

Is there anything else we should know about your symptoms or medical history?
