

Name: _____ DOB: _____ Date: _____ Acct# _____

Current Pain Medication -- Must Be Completed

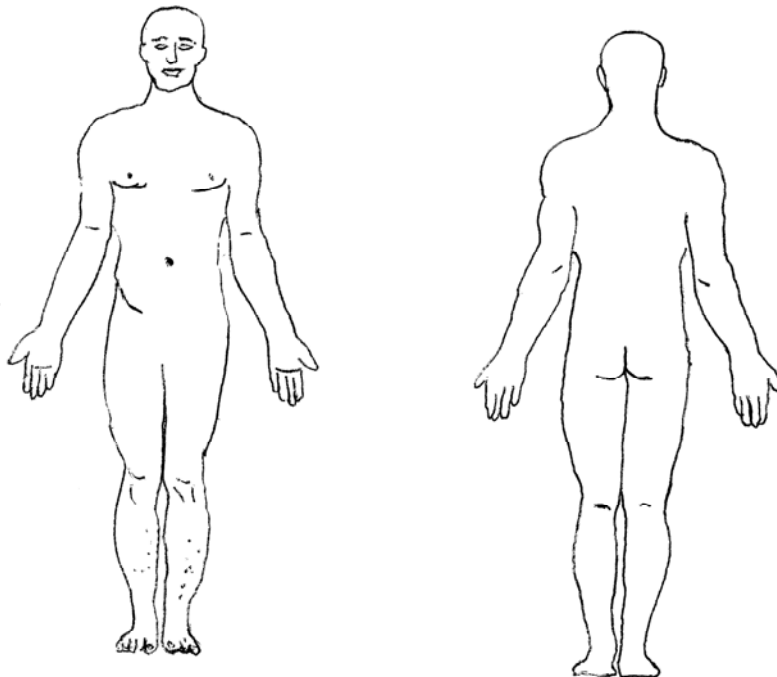
Other Medications:

PAIN DRAWING

INSTRUCTIONS:

Mark these drawings according to where you hurt (if the right side of your neck hurts, mark the right side of the neck, etc.) Please indicate which sensations you feel by referring to the key below.

//// Stabbing	XXXX Burning	OOOO Pins & Needles	==== Numbness	++++ Aching
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Pain Level: 0 1 2 3 4 5 6 7 8 9 10

(Circle your current pain level)

- 0 No pain
- 1 Mild pain; you are aware of it, but it doesn't bother you
- 2 Moderate pain that you can tolerate without medication
- 3 Moderate pain that requires medication to tolerate
- 4-5 More severe pain; you begin to feel antisocial
- 6 Severe pain
- 7-9 Intensely severe pain
- 10 Most severe pain; worst pain you've ever felt

What relieves your pain: _____

What worsens you pain: _____

Any questions for the doctor: _____