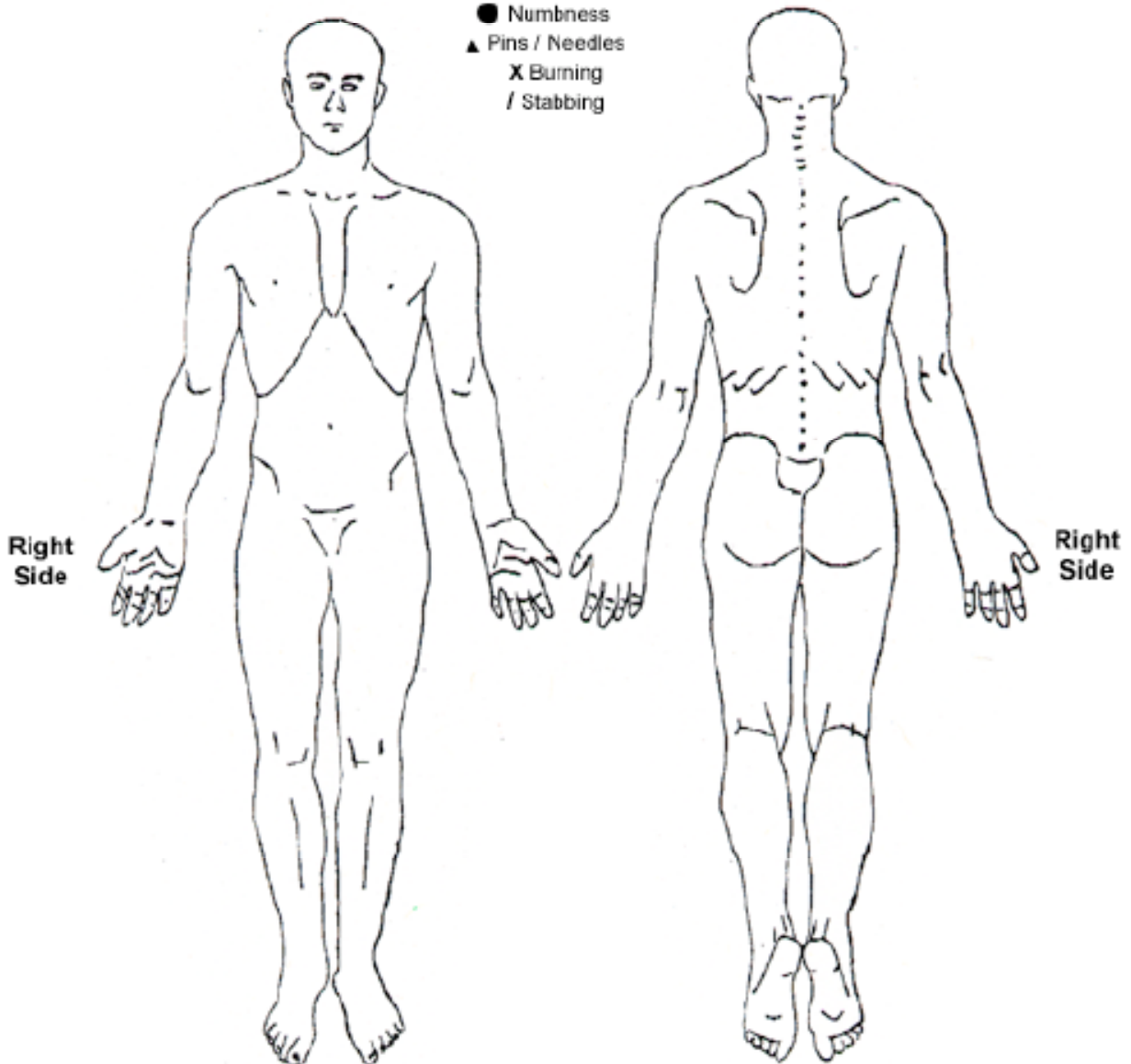


Patient History Form

Please mark the areas on your body where you have had symptoms since your injury.

Use the symbols below.

- Numbness
- ▲ Pins / Needles
- X Burning / Stabbing



Put a circle around the areas that hurt now.

Use the following scales to grade the intensity of your pain.

Circle the # to indicate your pain level at the time of injury

0 1 2 3 4 5 6 7 8 9 10
gone + + + + + + + + + + unbearable
mild | Moderate | severe

Circle the # to indicate your pain level now

0 1 2 3 4 5 6 7 8 9 10
gone + + + + + + + + + + unbearable
mild | Moderate | severe