

Pain Explanation:

What are your current symptoms?

Level of Pain (0-10, 10 being worst pain & 0 being no pain), please circle:

Current: 0 1 2 3 4 5 6 7 8 9 10

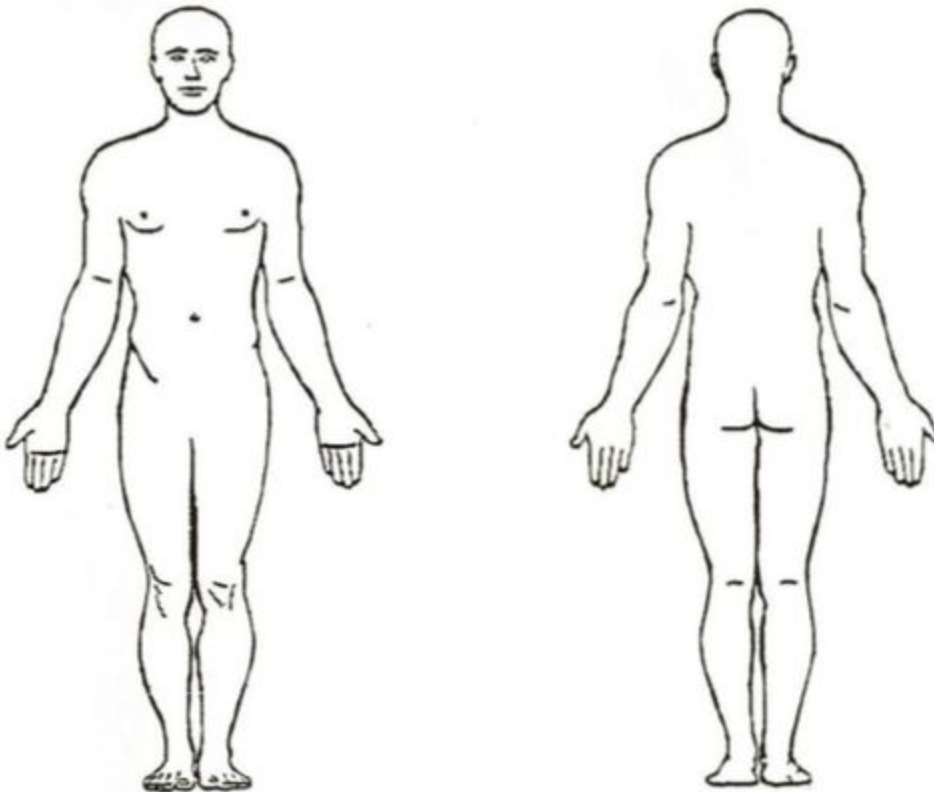
At Rest: 0 1 2 3 4 5 6 7 8 9 10

With Activity: 0 1 2 3 4 5 6 7 8 9 10

Describe the type of pain you experience (please circle):

Dull Ache Burning Numbness/Tingling Throbbing Sharp

Please use the below diagram to show the area of your pain/injury:



Patient/Guardian Signature: _____

Date: _____

