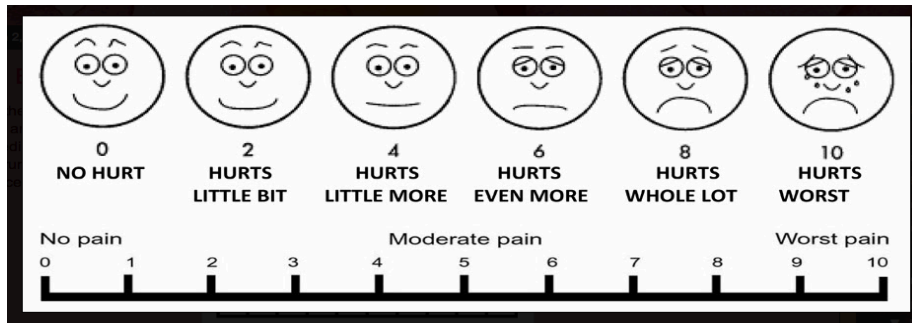


Print Name _____

Date of Injury _____

Pain Information



Injured Area	Severity of Pain	Frequency	Description
1. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
2. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
3. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
4. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
5. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
6. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
7. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
8. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
9. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull
10. _____	1 2 3 4 5 6 7 8 9 10	Constant Intermittent	sharp achy dull

Does your pain radiate to arms, or legs? () No () Yes _____

Do you feel any numbness, or tingling? () No () Yes _____

Do you have any abrasions, bruises or swelling? () No () Yes _____

Signature _____

Date _____