

Name: _____

Date: _____

Primary Location of Pain: _____ How/When did it occur? _____
_____ On a scale of 1-10, rate your pain: _____ (10=severe)

What makes it feel better? _____ What makes it feel worse? _____

Had this happened before? Y N As bad? Y N What has helped it in the past? _____

Have you seen a Doctor about this? Y N Who? _____ Did they do X-rays or MRI? Y N

Describe the pain, use a (C) for constant and (I) for comes and goes: sharp __ stabbing__ aches__ spasms__
dull__ burning__ numbness__ tingling__. Does the pain shoot or radiate somewhere? Y N Where? _____

Frequency (How often do you have the pain?) Occasional (0-33%) Frequent (34-66%) Constant (67-100%)

Does it affect your sleep? Y N How? _____

Dr. Notes:

Secondary Location of Pain: _____ How/When did it occur? _____
_____ On a scale of 1-10, rate your pain: _____ (10=severe)

What makes it feel better? _____ What makes it feel worse? _____

Had this happened before? Y N As bad? Y N What has helped it in the past? _____

Have you seen a Doctor about this? Y N Who? _____ Did they do X-rays or MRI? Y N

Describe the pain, use a (C) for constant and (I) for comes and goes: sharp __ stabbing__ aches__ spasms__
dull__ burning__ numbness__ tingling__. Does the pain shoot or radiate somewhere? Y N Where? _____

Frequency (How often do you have the pain?) Occasional (0-33%) Frequent (34-66%) Constant (67-100%)

Does it affect your sleep? Y N How? _____

Dr. Notes:

Third Location of Pain: _____ How/When did it occur? _____
_____ On a scale of 1-10, rate your pain: _____ (10=severe)

What makes it feel better? _____ What makes it feel worse? _____

Had this happened before? Y N As bad? Y N What has helped it in the past? _____

Have you seen a Doctor about this? Y N Who? _____ Did they do X-rays or MRI? Y N

Describe the pain, use a (C) for constant and (I) for comes and goes: sharp __ stabbing__ aches__ spasms__
dull__ burning__ numbness__ tingling__. Does the pain shoot or radiate somewhere? Y N Where? _____

Frequency (How often do you have the pain?) Occasional (0-33%) Frequent (34-66%) Constant (67-100%)

Does it affect your sleep? Y N How? _____

Dr. Notes: