

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? \_\_\_\_\_

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? \_\_\_\_\_

Is the pain there: 0 ¼ ½ ¾ or 100% of the day? 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? \_\_\_\_\_

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? \_\_\_\_\_

Is the pain there: 0 ¼ ½ ¾ or 100% of the day? 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? \_\_\_\_\_

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? \_\_\_\_\_

Is the pain there: 0 ¼ ½ ¾ or 100% of the day? Does it affect your sleep? Y N How? \_\_\_\_\_

Dr. Notes:

\_\_\_\_\_  
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