

Patient Name: _____

Tell us about your pain: _____

Is your current problem the result of an injury at work? Yes No

Is your problem the result of an auto accident? Yes No

Are you currently working? Yes No

How long have you been off work? ___days ___weeks ___months ___year(s)

Who is currently keeping you off work (Name of Physician)? _____

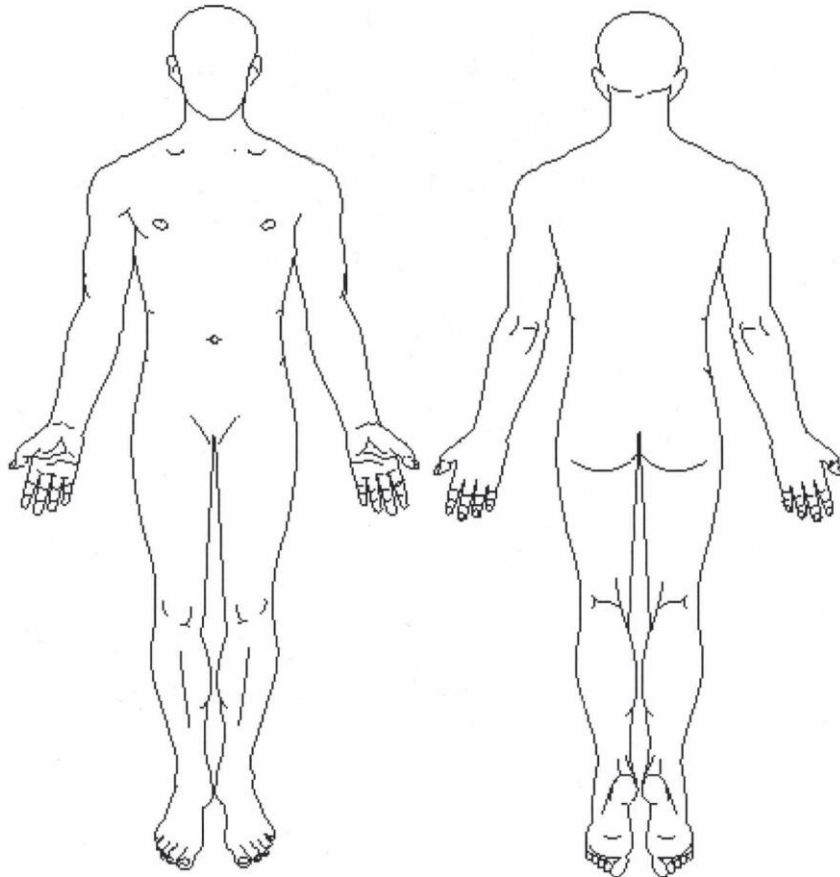
Is an attorney involved? Yes No If yes, please list the attorney's name: _____

Where are you experiencing pain? _____

(example: Side- Right or Left. Location- finger, hand, wrist, elbow, arm, face, neck, head, shoulder, upper/middle/lower back, hip, thigh, leg, foot. etc...)

Is your neck/back pain worse than your arm/leg pain? Yes No N/A

Using the pictures below, please draw lines or shade in the area(s) where you experience pain:



On a scale of 1-10 what is your pain at its very worst? _____

On a scale of 1-10 what is your pain now? _____

Overall, is your pain generally: Improving Same Worsening