

PAIN DRAWING

Name _____ Date _____

Referred By: _____ Age _____ HT _____ WT _____ DOB _____

Date of Injury: _____ Allergies _____

Meds _____

Chief Complaint _____

Treatment to Date: NSAIDS-(name of drug) _____ Oral Steroid: Y/N

Trigger Point Injection: Y/N PT: Y/N Chiro: Y/N

Other: _____

Current Pain Level: NONE 1 2 3 4 5 6 7 8 9 10

Date & Type of Imaging: CT- _____ MRI- _____ X-Ray- _____

Pending Litigation: Y/N BWC: Y/N BWC Claim# _____

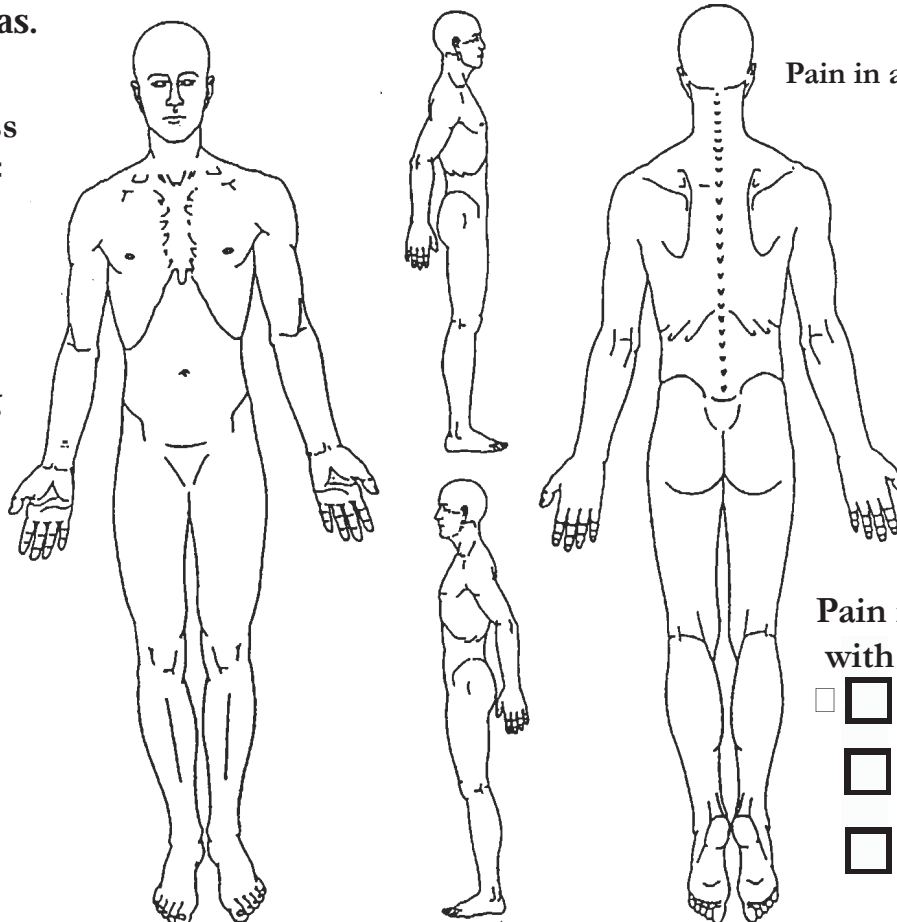
Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas.

Aching Numbness
 ▲▲▲ = = =

Pins and Needles
 ○ ○ ○

Burning Stabbing
 X X X / / /

Other
 ● ● ●



Pain in arms compared w/ neck

- Worse than
- Same as
- Less than

Pain in legs(s) compared with back

- Worse than
- Same as
- Less than