

ACHES, PAINS & COMPLAINTS

Name _____ Date ____ / ____ / ____

Smoker No Yes ; Drink Alcohol Yes No; Use Any Drugs Yes No

Weight _____ ; BP ____ / ____ | Refuse to say

► Today's visit is for:

New Event Active Insurance care Well care

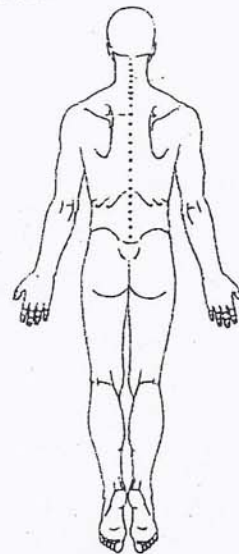
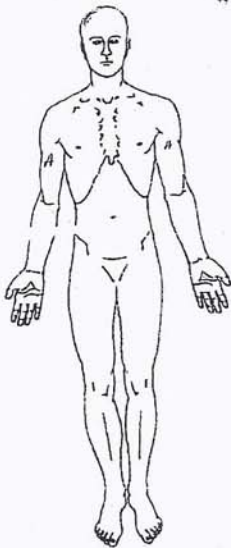
(please explain)

► How good or bad is it?

No Pain | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | ---- | Worst Pain
1 2 3 4 5 6 7 8 9 10

► Where is it?

All over head and neck neck and upper back mid-back
 lower back upper extremity lower extremity
 other _____



► What's it like; numb or sharp, better or worse?

Signed _____