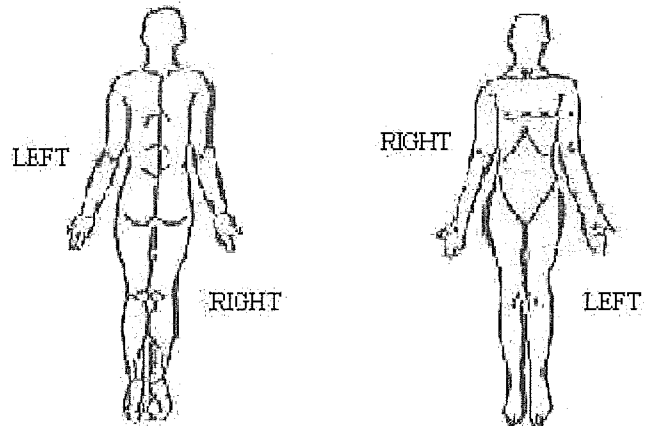


Name: \_\_\_\_\_

Date: \_\_\_\_\_

List the area(s) of pain in order of importance then shade in the area(s) of pain to the right.

- 1.
- 2.
- 3.



Weight: \_\_\_\_\_ Height: \_\_\_\_\_

<p><b>AGGRAVATED BY:</b>(please circle)</p> <p>Nothing</p> <p>Cold</p> <p>Heat</p> <p>Exertion</p> <p>Walking</p> <p>Rest</p> <p>Prolonged standing</p> <p>Prolonged sitting</p> <p>Lying down</p> <p>No medication(s)</p> <p>Stress</p> <p>Weather changes</p> <p>Bending</p> <p>Other:</p>	<p><b>RELIEVED BY:</b> (please circle)</p> <p>Nothing</p> <p>Rest</p> <p>Lying down</p> <p>Stretching</p> <p>Change in position</p> <p>Sitting</p> <p>Walking</p> <p>Medication(s)</p> <p>Heat</p> <p>Cold</p> <p>Massage</p> <p>Other:</p>	<p><b>ASSOCIATED FEATURES:</b></p> <p>Do you have Numbness? Yes / No</p> <p>If yes, where?</p> <p>Do you have Weakness? Yes / No</p> <p>If yes, where?</p> <p>Do you have loss of bladder or bowel function?</p> <p>Yes / No</p> <p>If yes, please explain:</p>	<p>Are you being seen today for a <b>Worker's Compensation</b> claim?</p> <p>Yes / No</p> <p>If yes, what is the area of pain/compensible injury we are treating you for today?</p> <hr/> <p>Have you had an injection to treat your pain?</p> <p>Yes / No</p> <p>If yes, did it help? Yes / No</p> <p>how long did it help?</p>
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Rate your **COMFORT LEVEL:**

- poor
- fair
- good

Rate your **FUNCTIONAL STATUS:**

- poor
- fair
- good

Since last visit, pain is:

- same
- better
- worse

**Rate your pain.**

- 0=no pain, 10=worst pain imaginable (circle one)
- With meds:**
- 0 1 2 3 4 5 6 7 8  
9 10
- Without meds:**
- 0 1 2 3 4 5 6 7 8  
9 10

**SINCE YOUR LAST OFFICE VISIT: (ONLY DOCUMENT CHANGES SINCE YOU WERE LAST SEEN IN OUR OFFICE)**

<p>Have you participated in physical therapy for the area(s) we are treating you for?</p> <p>Yes / No</p> <p>If yes, which body part:</p> <p>Is it helping?</p> <p>Yes / No</p>	<p>Have you used/are you using a TENS unit?</p> <p>Yes / No</p> <p>If yes, is it helpful?</p> <p>Yes / No</p>	<p>Have you been seeing a psychiatrist or psychologist?</p> <p>Yes / No</p> <p>If yes, whom:</p>	<p>We have started offering online services through our website. If you would like to be notified as these services become available, please provide us with an email address in which to contact you. Your email will be used solely by PMC. It will not be given to anyone else.</p>
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