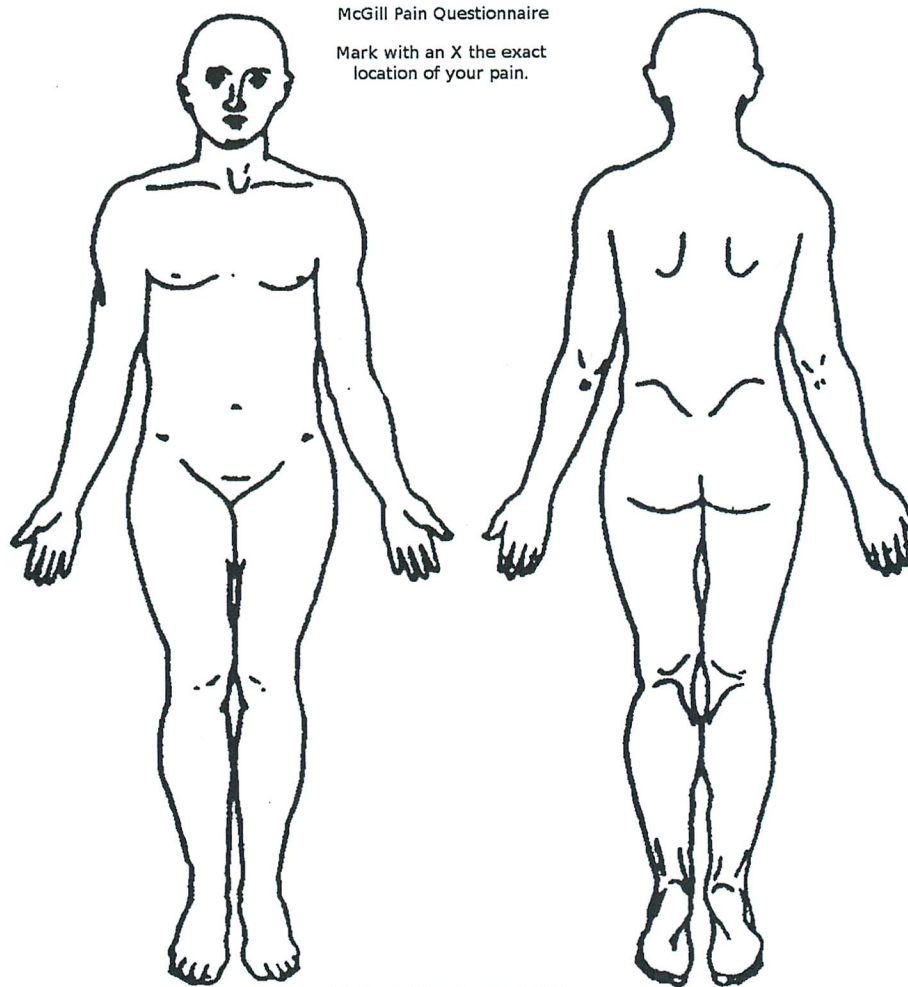


Pain Drawing

On this figure, please mark XXXXXXXX for painful areas and OOOOOOO for numbness or tingling



(Melzack & Torgerson, 1971)

Visual Analog Scale

On the bar below please circle the number that best describes your current level of pain on a scale of 0-10 with 10 as the most severe pain imaginable.

0 1 2 3 4 5 6 7 8 9 10

No Pain

Horrible Pain

Medical History (Please list all current medical conditions)

Surgical History (Please list all prior surgeries)

Medications (Please list all medications or attach a copy)

Allergies (Medicine and non-medicine)

Review of Systems (Check all that apply):

Constitutional

- Weight Loss
- Weight Gain
- Fever
- Fatigue

Eyes

- Blurred vision
- Cataracts
- Glaucoma

Ears/Nose/Throat

- Hearing loss
- Ringing
- Earaches
- Sinus Problems
- Nose Bleeds
- Mouth Sores
- Bleeding Gums
- Sore Throat
- Swollen Glands

Cardiovascular

- Chest Pain
- Palpitations
- Swelling of feet/ankles/hands
- Difficulty breathing laying down

Respiratory

- Chronic cough
- Coughing up blood
- Shortness of breath
- Wheezing

Gastrointestinal

- Loss of appetite
- Nausea/vomiting
- Diarrhea
- Constipation
- Blood in stool
- Abdominal pain
- Yellow eyes or skin

Genitourinary

- Frequent Urination
- Burning/painful urination
- Blood in Urine
- Incontinence
- Sexual Difficulty

Musculoskeletal

- Joint pain
- Joint stiffness
- Joint swelling
- Muscle Pain
- Difficulty Walking

Skin

- Rash or itching
- Change in skin color
- Hair and nail changes

Neurological

- Frequent headaches
- Light headed/dizzy
- Tremors
- Head injury

Psychiatric

- Memory loss
- Confusion
- Nervousness
- Depression
- Stress
- Insomnia

Endocrine

- Excessive thirst
- Hot/cold intolerance
- Dry Skin

Hematologic

- Easy bruising
- Anemia
- Blood Clots