

## Pain Assessment Sheet

<b>Name</b>	<b>File #</b>	<b>Date</b>
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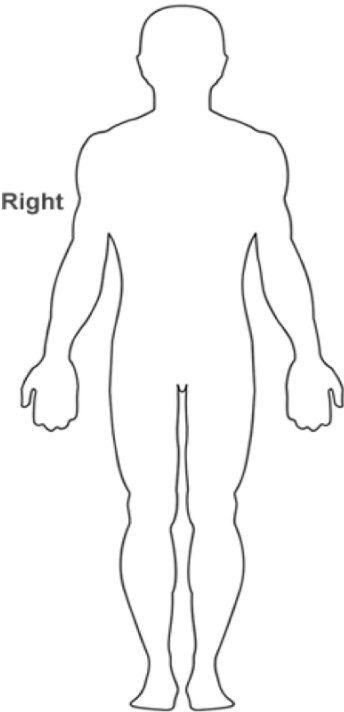
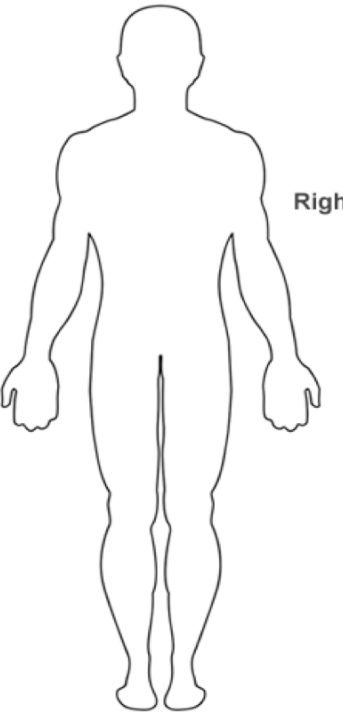
<b>Current Complaints</b>	
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<b>Progression of your current condition since it started</b>	<input type="checkbox"/> Same	<input type="checkbox"/> Improved	<input type="checkbox"/> Worse	<input type="checkbox"/> Other
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<b>Does your present condition affect your daily activities at home or in the office? Describe:</b>

<b>Type of pain</b>						
<input type="checkbox"/> Sharp	<input type="checkbox"/> Tingling	<input type="checkbox"/> Throbbing	<input type="checkbox"/> Numbness	<input type="checkbox"/> Aching	<input type="checkbox"/> Shooting	<input type="checkbox"/> Dull
<input type="checkbox"/> Burning	<input type="checkbox"/> Cramping	<input type="checkbox"/> Stiffness	<input type="checkbox"/> Swelling	<input type="checkbox"/> Other _____		

<b>Other comments and notes</b>	
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<p><b>Front</b></p>  <p><b>Back</b></p> 	<p><b>Describe the areas where you feel pain and provide as much detail as possible. Mark the body outline to indicate location of pain.</b></p> <div style="height: 300px;"></div>
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