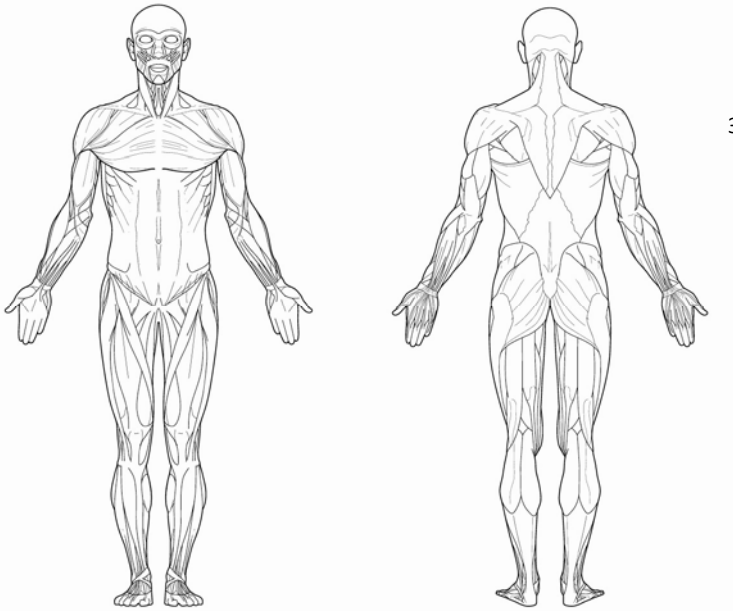


PATIENT COMPLETES THIS SECTION

Name _____ Male Female Age _____

Occupation _____ Employer Name _____ How long at this job _____

1) Where is your pain? (Indicate on the diagram below)



2) What's the pain level on a scale from 1 to 10? _____/10
(1 is mild, 10 is severe)

3) Describe your pain, when it started, and what caused it?

4) Are you taking any medication for this pain? _____ If yes, what? And does it help?

5) Are any of your usual daily or work activities affected? _____ If yes, describe how.

6) List all past surgeries with dates:

7) List all medical conditions you have (or were told you have):

Patient Name _____ Date _____