

New Patient Work Sheet

Name: _____ Today's Date: _____

AGE: _____ Ht: _____ Wt: _____ BMI: _____ BP: _____ P: _____ Date of Injury: _____

Why are you seeing the doctor today?: _____

What is your current pain level on a scale from 0 to 10 scale (10 being the worst)? _____

What % of your pain is located in the: Neck: _____ Shoulder: _____ Elbow/Arm: _____ Hand: _____
Back: _____ Hip: _____ Knee/Leg: _____ Foot: _____

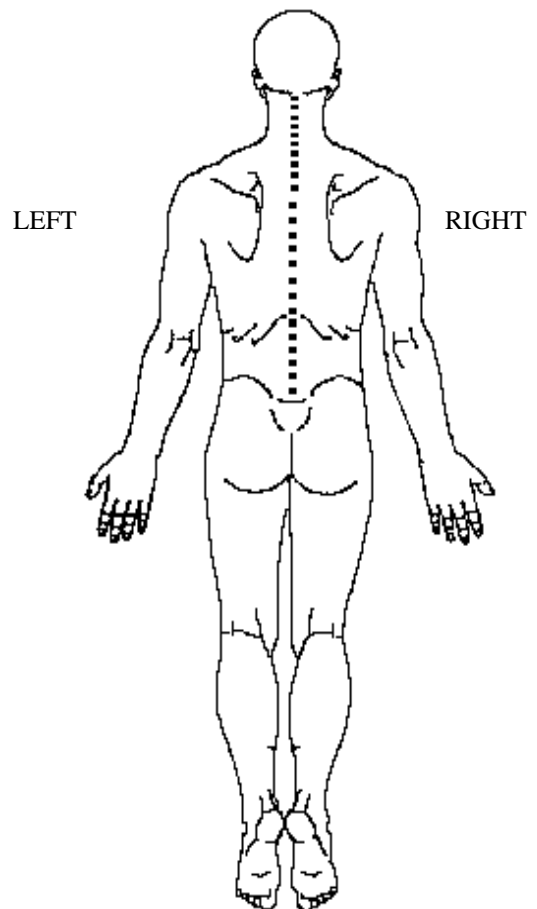
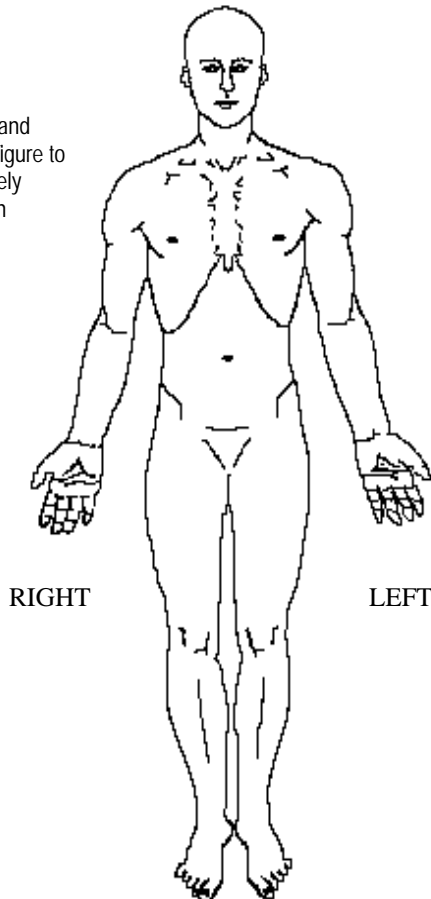
Place a single vertical line across the line below to indicate your current pain level.

0 (no pain)

10 (worst pain ever)

Using the symbols below, and please place them on the figure to the right that most accurately describes your current pain pattern and location.

- X - Sharp or Stabbing
- N - Numbness
- B - Burning



X-Rays:
MRI: