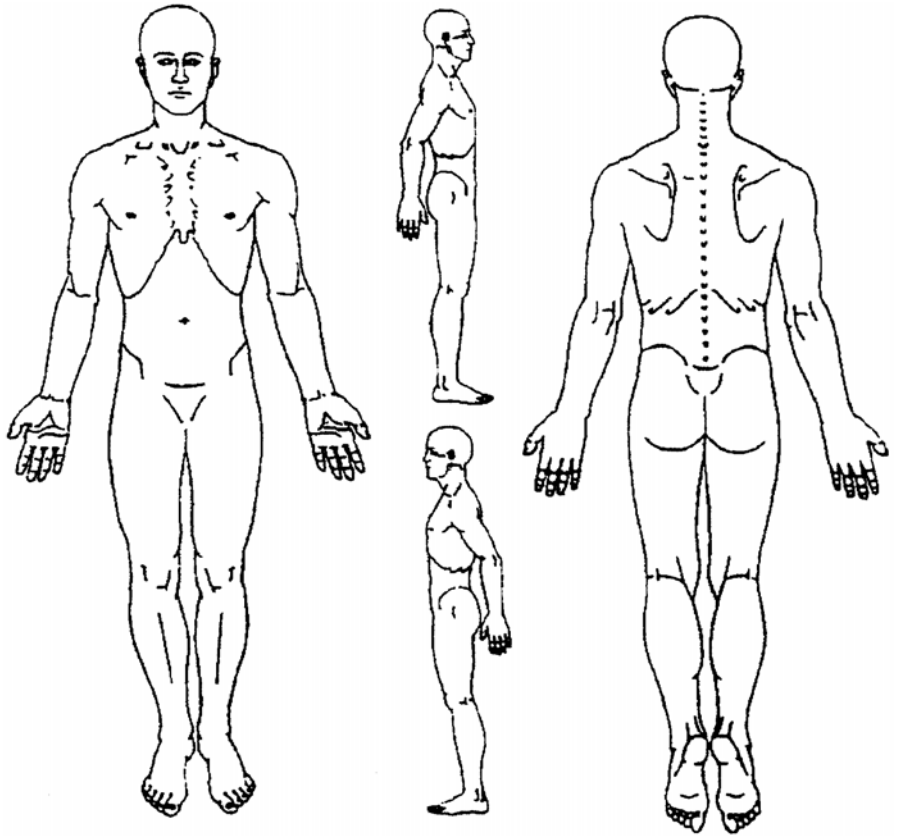


If you are **not** here to seek Wellness Care on this visit and have pain,  
please mark on the diagram the type of pain and location:

**TYPE OF PAIN YOU  
ARE CURRENTLY  
EXPERIENCING...**

Place appropriate symbol  
or letter on the diagram.

Ache = AAAAA  
Numbness = NNNNN  
Pins and Needles = OOOOO  
Burning = XXXXX  
Stabbing = /////



**WHAT IS THE  
INTENSITY OF YOUR  
PAIN?**

Please circle one...

- Slight
- Minimal
- Moderate
- Severe

**VISUAL ANALOG PAIN SEVERITY SCALE**

Please place a mark on the line that corresponds to your *current* pain.

NO PAIN  WORSE PAIN EVER

Please place a mark on the line that corresponds to your *average* pain.

NO PAIN  WORSE PAIN EVER

When did the pain begin? \_\_\_\_\_ Any flare-ups since then? If so, when? \_\_\_\_\_

What brought the pain on? \_\_\_\_\_

What makes the pain better? \_\_\_\_\_ What makes it worse? \_\_\_\_\_

How often does the pain exist? \_\_\_\_\_ And for how long? \_\_\_\_\_

Any prior injuries to the area of pain? \_\_\_\_\_

Have you seen another healthcare practitioner for the pain/condition? \_\_\_\_\_ If so, who? \_\_\_\_\_