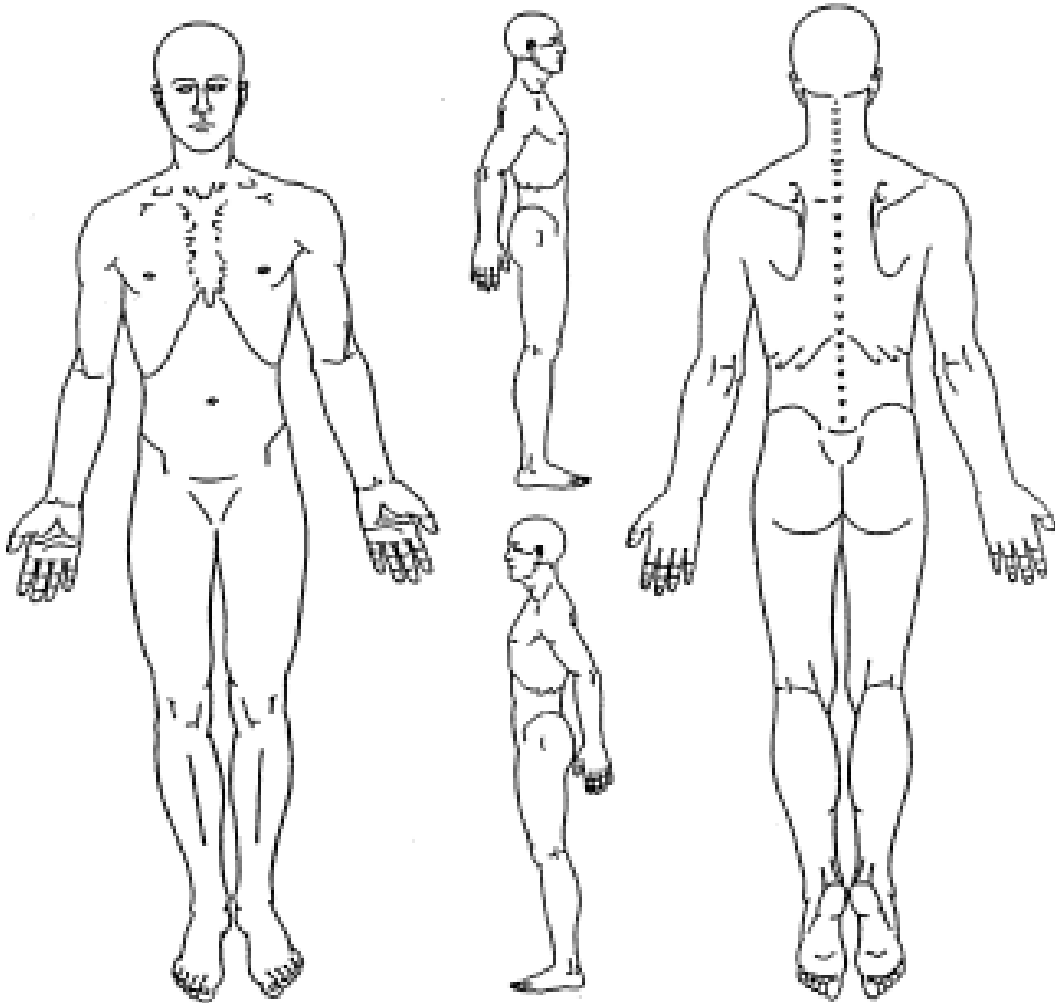


Save this form to your own computer and then complete it. When finished, save your finished version, print it, and complete the pain diagram to bring to your appointment.

Long Island Spine Rehabilitation Medicine, P.C.
PAIN DIAGRAM

NAME: _____ TODAY'S DATE: _____

PLEASE DRAW THE LOCATION OF YOUR COMPLAINTS BELOW, UTILIZING **XXXXX** FOR SYMPTOMS OF PAIN AND **0000000** FOR NUMBNESS OR TINGLING:



0 (no pain)

100 (worst possible pain)

PLEASE GRADE YOUR PAIN INTENSITY

Name: _____ Age: _____ Date of Birth: _____

Today's Date: _____

Date of Onset of Current Pain (If Known): _____

What have you done for this pain (check): *physical therapy* *chiropractics*
spinal injections/epidurals *acupuncture* *surgery* *other: _____*

Pain location: (Please complete pain diagram on preceding page and mark your level of pain on the bar graph beneath the pictures)

How do you describe your pain? (check) Ache Stab Burn Other: _____

Please grade your pain (Use Dropdown Box to Select; 1=least to 10=most)

Positions or activities that **WORSEN** your pain: _____

Positions or activities that **RELIEVE** your pain: _____

All current medications: _____

Previous medications used for this condition: _____

Past Medical History/Major Illness: _____

Name: _____

Date of Birth: _____

Past Surgical History: _____

Please check / elaborate if you have difficulties with any of the following:

Weight change: _____

Fever/Chills: _____

Night Sweats: _____

Vascular/Circulation: _____

Breast: _____

Pulmonary/Breathing: _____

Heart: _____

Gastrointestinal/Bowel: _____

Urological/Bladder: _____

Joints/Arthritis: _____

Diabetes/Thyroid: _____

Sexual Function: _____

Drug Allergies: _____

Are you allergic to (check if yes): seafood shellfish iodine contrast anesthetic

Family history of disease: _____

Mother _____

Father _____

Brother _____

Sister _____

Marital Status (check): married single separated/divorced widow(er)

Do you have children? _____ How many? _____

Current Employer/Job Description: _____

Highest level of education: _____

Are you a smoker (check)? YES NO If yes, how much daily? _____

Any difficulties with alcohol or substance abuse in the past? _____

Are you currently involved in litigation (lawsuit): _____

STOP HERE!