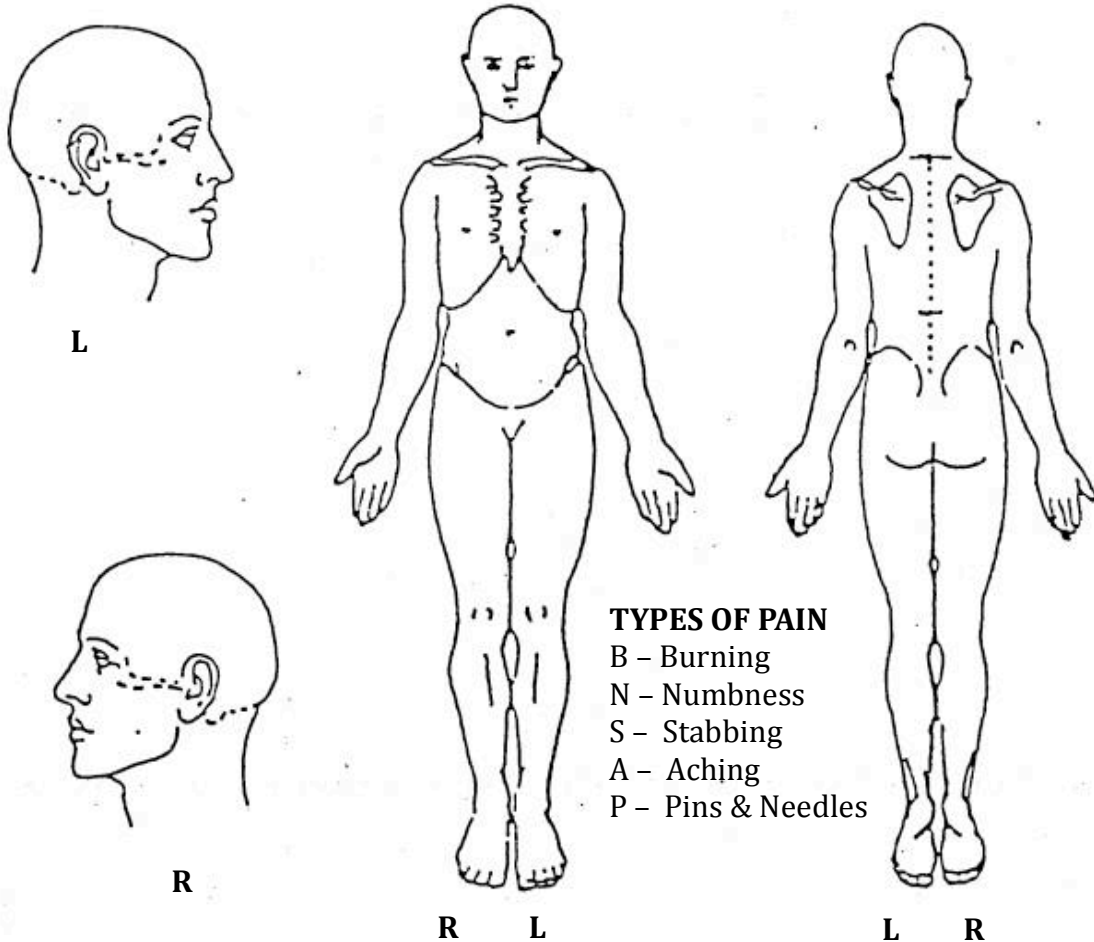


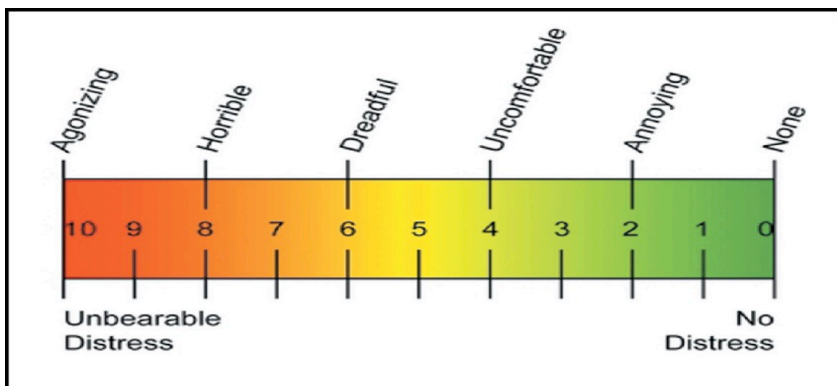
NAME:
DOB:
DATE:

PAIN DIAGRAM

The information you provide on this form will be useful to the consultant(s) you will be seeing today and will help your exam go smoothly and as quickly as possible. If you are being evaluated for a painful condition, mark the drawings below according to how you feel today. If you have any of the symptoms shown in the diagram, indicate where they are by writing in the following letter on the affected body part(s).



How bad is your pain now?
Indicate on diagram below.



What makes the pain better?

What makes the pain worse?