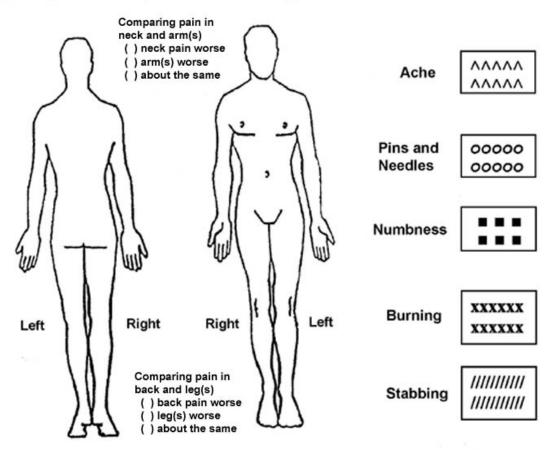
Pain Drawing

Patient Name:	Date:	Age:
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Where is your pain now?

Mark the areas on the diagram that indicate where you feel the described sensations. Use the appropriate symbols (indicated below). Mark areas of radiating pain. Include all affected areas.



How bad is your pain now?

Please indicate on the scale below, from 1 to 10, how you would rate your pain intensity now. $1 \Rightarrow$ no pain, $10 \Rightarrow$ pain so severe you are writhing on the floor

No Pain

Worst Pain

Please list the medications you are currently already taking for your pain:

Please list the treatments you have tried for your condition:

- () physical therapy
- () epidural steroid injection (done in operating room with Xray)
- () chiropractic care
- () acupuncture