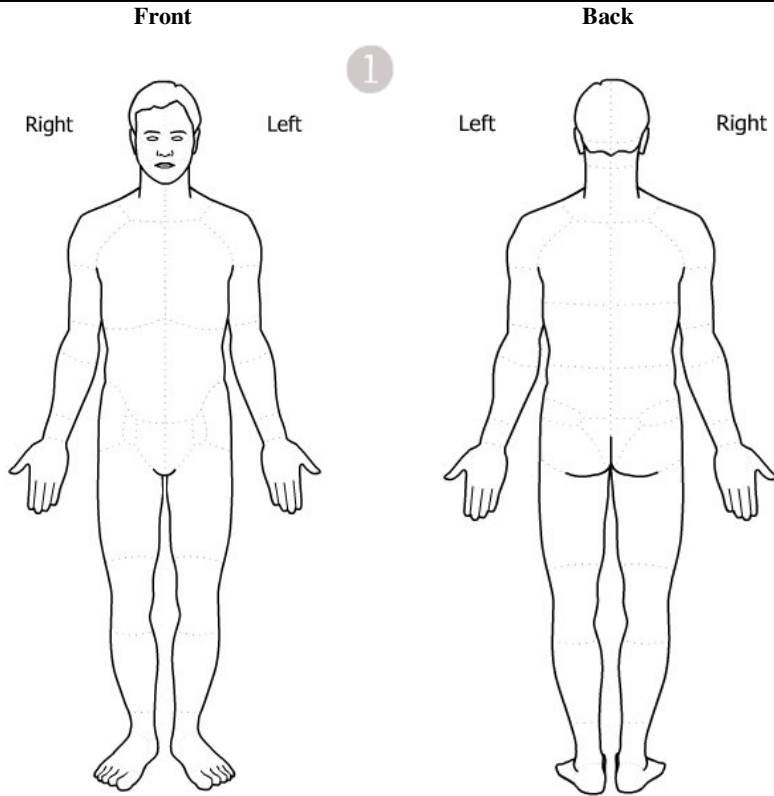


Name: New Patient
Address:

Patient Symptom Illustrator

Patient Symptom Illustrator



Instructions:

1 Identify your areas of discomfort by marking the affected body parts in the illustration.

2 Indicate the area name along with your specific symptoms associated with each selected area.

3 Rate your discomfort associated with each selected area.

		2								3											
		Burning	Dull Ache	Sharp Stabbing	Throbbing	Numbness	Pins and Needles	Spasm	Swelling	Stiffness	0 = No Discomfort 10 = Severe Discomfort										
Ex.	L (R) Lower Back			X			X			X	0	1	2	3	4	5	6	X	8	9	10
1.	L R										0	1	2	3	4	5	6	7	8	9	10
2.	L R										0	1	2	3	4	5	6	7	8	9	10
3.	L R										0	1	2	3	4	5	6	7	8	9	10
4.	L R										0	1	2	3	4	5	6	7	8	9	10