

PAIN

describe location: \_\_\_\_\_  
\_\_\_\_\_

quality of pain:(circle) dull sharp stabbing sore cramping throbbing burning  
constant radiating fixed moves about severe moderate

pain radiates to: \_\_\_\_\_

describe the onset of the pain: \_\_\_\_\_  
\_\_\_\_\_

helps pain (circle): ice heat rest movement am p.m. dampness dry  
aggravates(circle): ice heat rest movement am p.m. dampness dry

Are there any movements that aggravate the pain (list) \_\_\_\_\_  
\_\_\_\_\_

How does exercise effect your pain \_\_\_\_\_

Do any medications help your  
pain \_\_\_\_\_

Other treatments you've had for the pain \_\_\_\_\_  
\_\_\_\_\_

Diagnostic tests done:  
blood work \_\_\_ when? \_\_\_\_\_ results \_\_\_\_\_  
X-ray \_\_\_ when? \_\_\_\_\_ results \_\_\_\_\_  
MRI \_\_\_ when? \_\_\_\_\_ results \_\_\_\_\_  
CTscan \_\_\_ when? \_\_\_\_\_ results \_\_\_\_\_  
EMG \_\_\_ when? \_\_\_\_\_ results \_\_\_\_\_

Any surgical history? \_\_\_\_\_  
\_\_\_\_\_