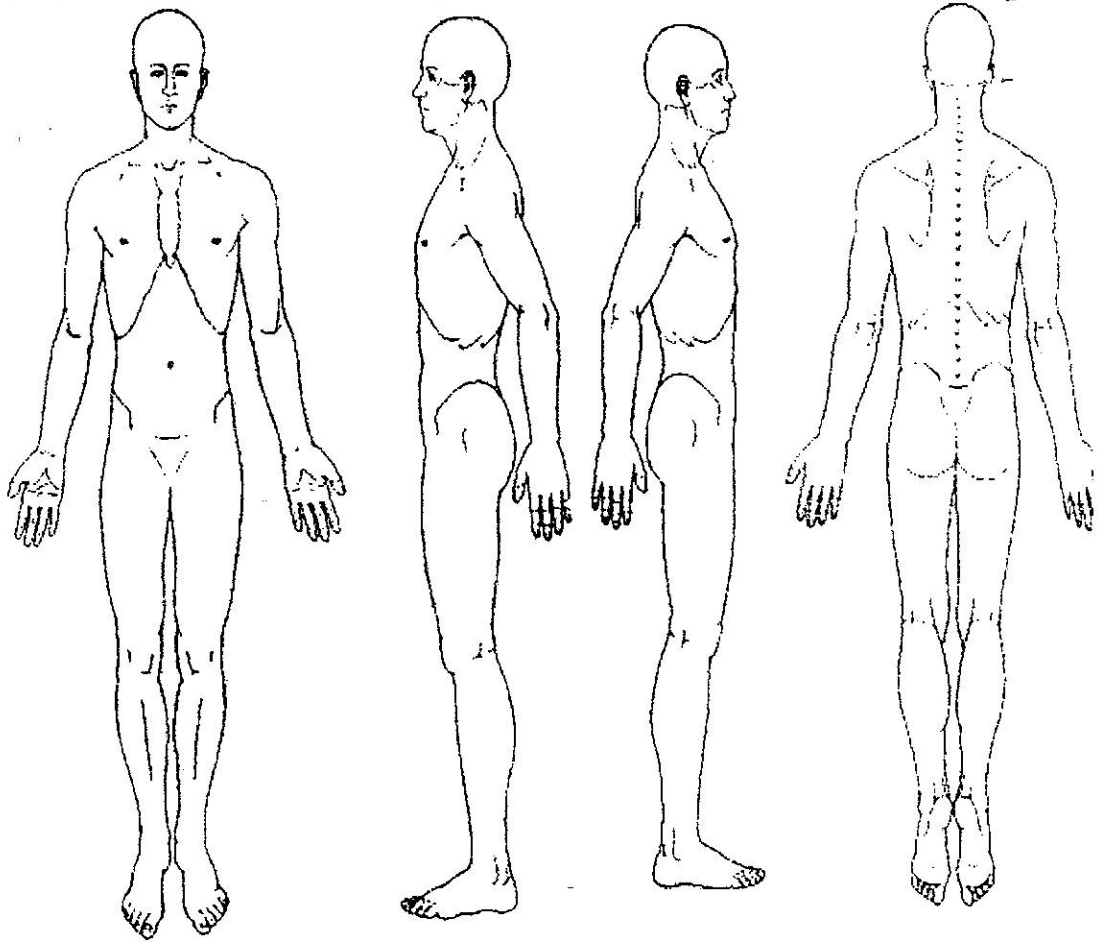


# PATIENT HISTORY

## PAIN LOCATION



Please mark off the areas of your complaint on the diagram above. Please use the following symbols on the pain diagram to accurately describe your condition.

- |     |                               |
|-----|-------------------------------|
| PPP | Where you experience Pain     |
| NNN | Where you experience Numbness |
| TTT | Where you experience Tingling |
| BBB | Where you experience Burning  |
| CCC | Where you experience Cramping |

PATIENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_