

REASSESSMENT PAIN FORM

PATIENT NAME:

DATE:

In the diagram provided below, please mark the areas on your body that you feel best represent the pain(s) or sensation(s) you are experiencing. Please include all areas. Use the symbols provided below.

SYMBOLS:

Numbness: ====
 ====

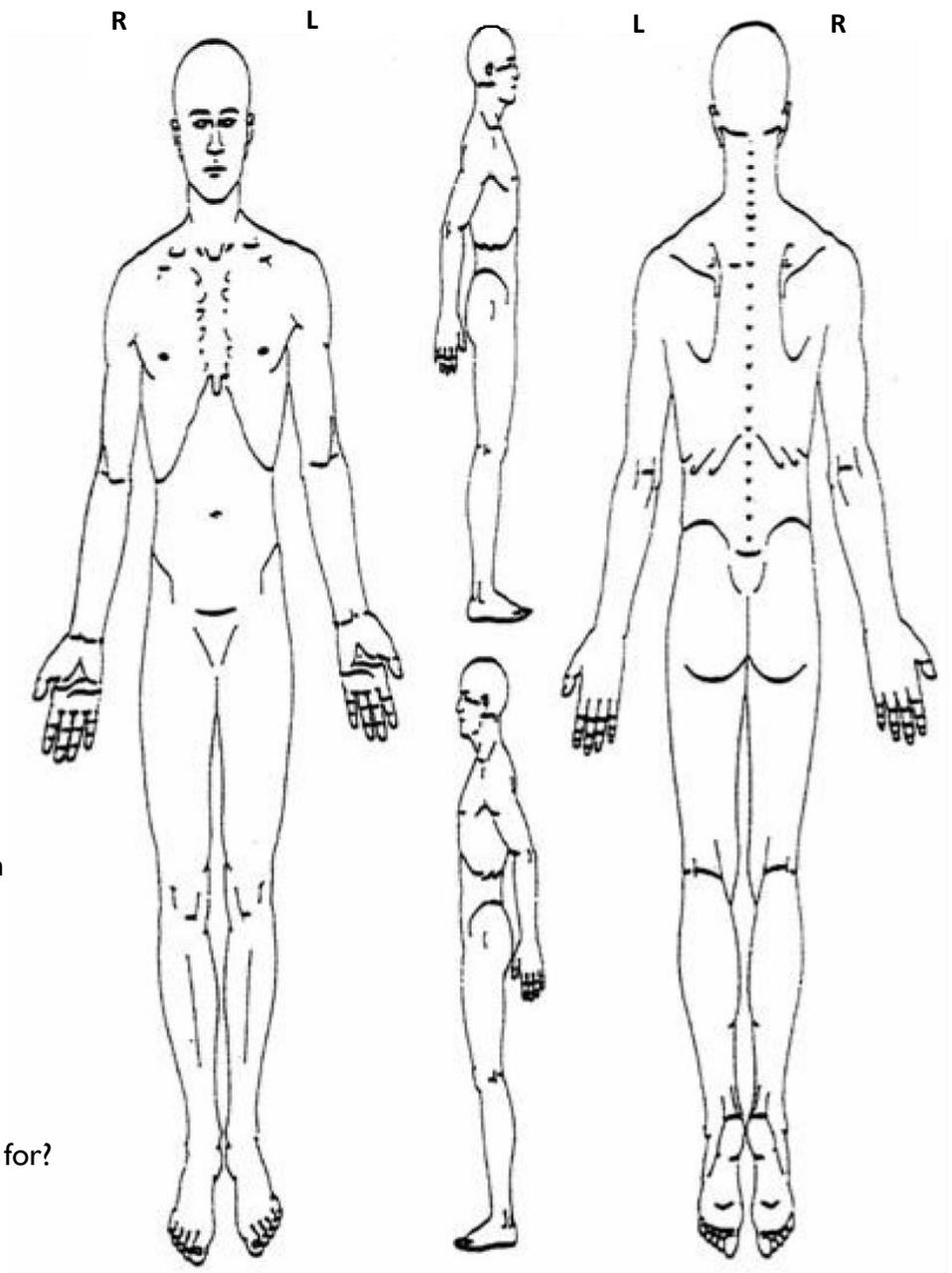
Burning: xxxx
 xxxx

Dull & Aching: ++++
 ++++

Pins & Needles

Stabbing & Sharp www
 www

Stiff & Tight 2 2 2 2
 2 2 2 2



Please provide a brief description of how this injury occurred:

- Is the pain constant?
- Intermittent?
- Activity based?

How long have you had this pain for?

FRONT

BACK