

Campbell Clinic

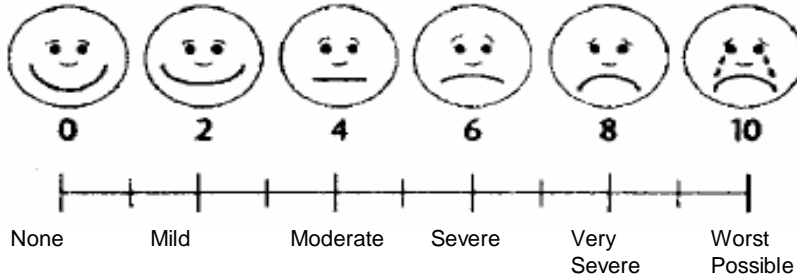
901-759-3100
 1400 S Germantown Road
 Germantown, TN 38138

Patient Name: _____
 DOB: _____
 Age: _____

PAIN FORM

Grade your overall Pain

Please place an X on the hash mark that most accurately describes your overall degree of pain now.



Please use the following diagrams to describe where your pain is now and where it travels:

Front

Right Left

Use the body diagrams to show where you feel the following sensations:

<u>Ache</u>	<u>Numbness</u>	<u>Burning</u>
AA	OO	//
AA	OO	//
<u>Stabbing</u>		<u>Pins and Needles</u>
XX		++
XX		++

Back

Left Right

Pain Distribution:
 Please indicate in the following table the percentage of pain that you currently feel in your neck, arms, back and legs.

Neck Pain		%
Arm Pain		%
Back Pain		%
Leg Pain		%
Total	100	%