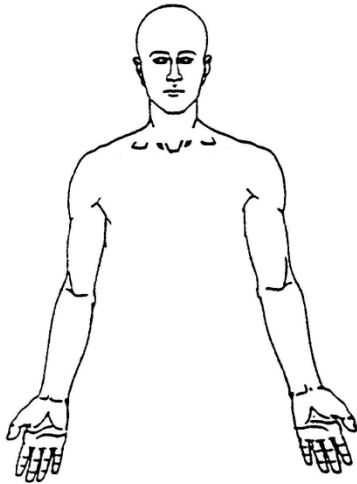


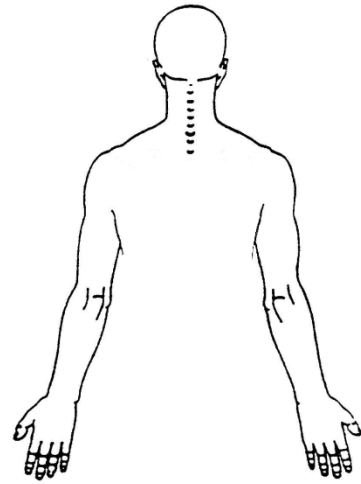
NECK, H/A, & UPPER EXTREMITY INTAKE FORM

PATIENT NAME: _____ DATE: _____ FILE# _____

PAIN DRAWING



Mark the area where you feel the described sensation(s). Use the appropriate symbol(s), mark areas of radiating pain, & include all affected areas.



Numbness: -----
 Pins & Needles: ooooooo
 Burning Pain: xxxxxxxx
 Stabbing Pain: //////////////
 Aching Pain: (((((((

VISUAL ANALOG SCALE

Please circle the pain level that most accurately represents your pain drawn above:

	NO PAIN:-----	UNBEARABLE PAIN
(A)Right Now:	0 1 2 3 4 5 6 7 8 9 10	_____
(B)Average Pain:	0 1 2 3 4 5 6 7 8 9 10	_____
(C)At Best:	0 1 2 3 4 5 6 7 8 9 10	_____
(D)At Worst:	0 1 2 3 4 5 6 7 8 9 10	_____

HISTORY OF PRESENT ILLNESS

- When did this pain start (be as exact as possible)? _____
- Did anything contribute to the onset of this pain? _____
- Did the pain come on: Suddenly or Gradually?
- How would you describe the pain: Mild Moderate Severe?
- Is the pain: Constant Comes & Goes Other _____
- Has the pain been getting Better Worse Same since the date listed above?
- What makes the pain better? _____
- What makes the pain worse? _____
- Are you currently taking any store bought or prescription medications for the pain: Yes No?
- Have you sought any other professional care for this pain? _____
- Have you had any surgeries or major traumas to the area above? _____
- Is there anything else you would like us to know? _____