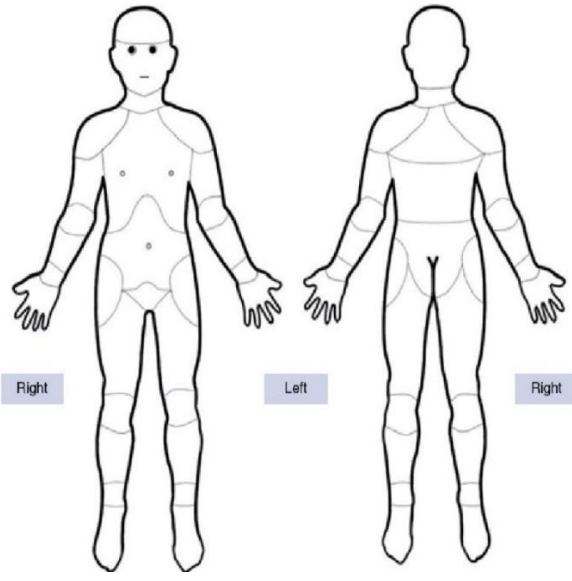


PAIN/DISCOMFORT PROGRESS FORM

PATIENT NAME: _____ Date: _____

<p style="text-align: center;">TYPE OF PAIN YOU ARE CURRENTLY EXPERIENCING</p> <p>(Circle All that Apply & Mark Areas on Diagram)</p> <p>Annoying = AA Pins and Needles = OO Tingling = XX Stabbing = SS Sharp = ++ Dull = DD Tight = TT Shooting = // Soreness = ★ Numbness = ▲</p>	
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PLEASE CIRCLE THE NUMBER THAT CORRESPONDS TO YOUR **CURRENT PAIN**:

0 1 2 3 4 5 6 7 8 9 10

NO PAIN

WORST PAIN EVER

WORST PAIN IN THE PAST 2 WEEKS. (Only if it has been 2+ weeks since last visit @ NHRC)

0 1 2 3 4 5 6 7 8 9 10

NO PAIN

WORST PAIN EVER

ANY NEW SYMPTOMS OR AREAS OF PAIN? (Y / N) If Yes, Please Indicate New Area/Symptom

DO YOU HAVE ANY QUESTIONS/CONCERNS YOU WOULD LIKE TO ADDRESS AT TODAY'S VISIT?

If yes, briefly explain below: