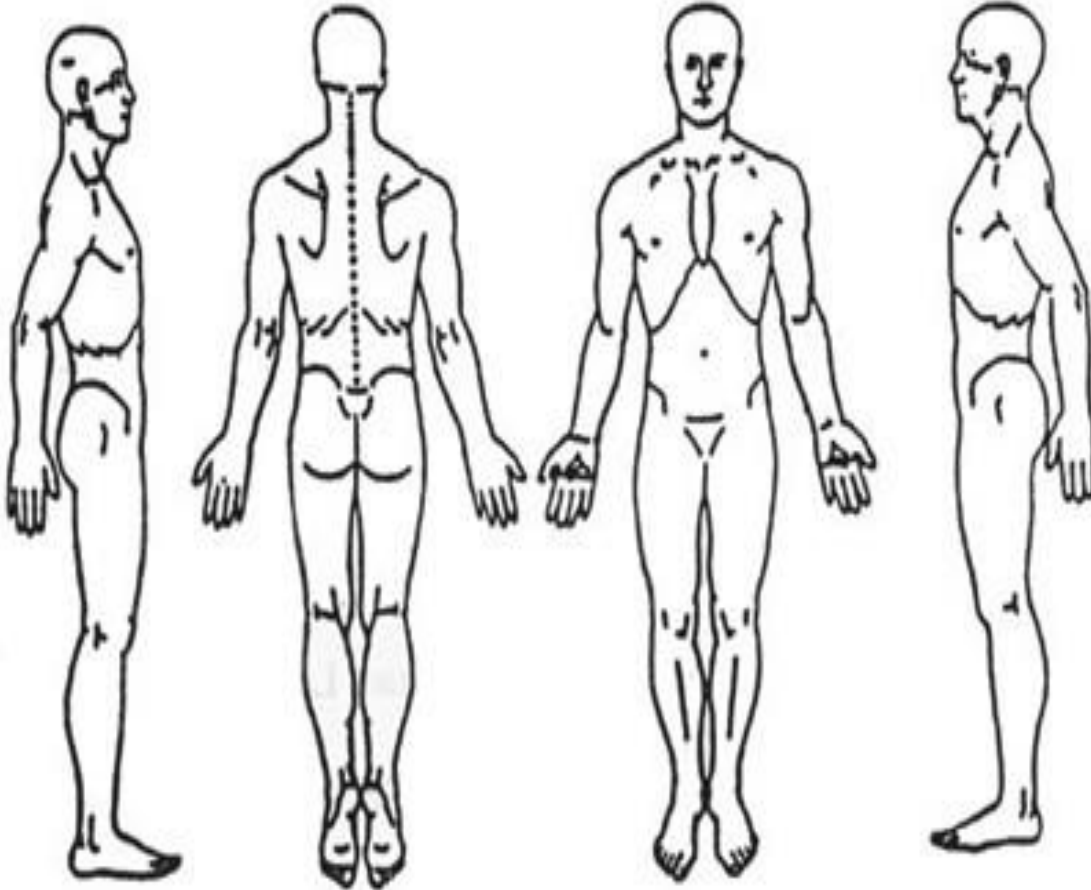


NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_ FILE#: \_\_\_\_\_

### WHOLE BODY SYMPTOM DESCRIPTION



KEY:	<b>ACHE</b> ^ ^ ^ ^	<b>NUMBNESS</b> " " "	<b>PINS &amp; NEEDLES</b> 0 0 0 0	<b>BURNING</b> X X X X	<b>STABBING</b> / / / /
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Please indicate on the line below the number between 0 and 100 that best describes your pain.

A zero (0) would mean "NO PAIN" and a one-hundred (100) would mean the "WORST PAIN POSSIBLE"

Please write only one number: \_\_\_\_\_

Dr. Initial: \_\_\_\_\_