Provider Name _____

Patient Name _____   Date _____
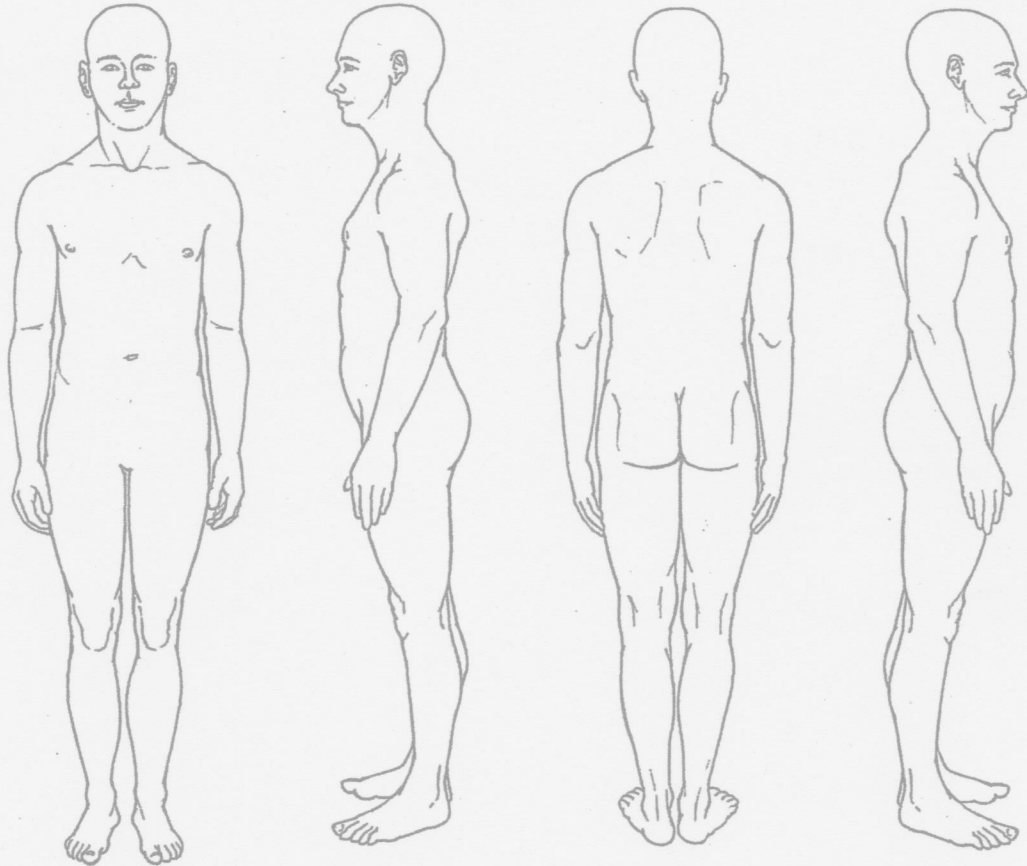
Date of Injury_____ Insurance ID# _____

A. Draw today's symptoms on the figures.

1. Identify CURRENT symptomatic areas in your body by marking letters on the figures below. Use the letters provided in the key to identify the symptoms you are feeling today.
2. Circle the area around each letter, representing the size and shape of each symptom location.

Key
P = pain or tenderness
S = joint or muscle stiffness
N = numbness or tingling

B. Identify the intensity of your symptoms.

1. Pain Scale: Mark a line on the scale to show the amount of pain you are experiencing today.

   No Pain ├────────────────────────────────────┤ Unbearable Pain

2. Activities Scale: Mark a line on the scale to show the limitations you are experiencing today in your daily activities.

   Can Do Anything I Want ├────────────────────────┤ Cannot Do Anything

C. Comments

_____
_____
_____
_____

Signature _____ Date _____