

FERRARO

BRAIN AND SPINE

Name: _____

Date/Time: _____

Please fill out the pain drawing. This will tell us where your pain is now and something about it.

Use the appropriate color and symbol, mark the areas on your body where you feel the pain.

Numbness ----
(yellow)

Pins & Needles °°°°
(purple)

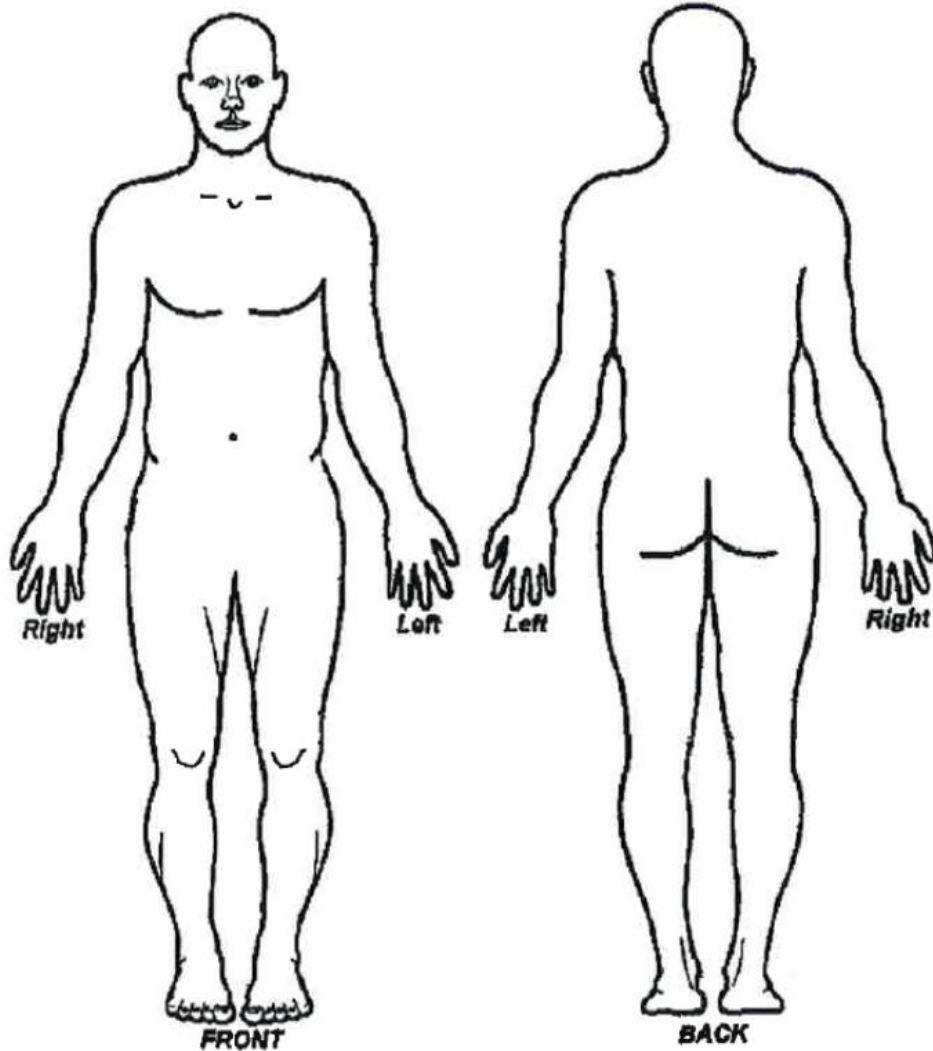
Burning xxx
(red)

Aching ++++
(blue)

Stabbing ///
(green)

Other ****
(brown)

NO PAIN



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For how long have you had your symptoms?

Of your symptoms which one bothers you the most?

If pain is one of your symptoms,

On a scale of 1-10, how severe is your pain on an average day?

_____ (1 is no pain, 10 is worst pain of your life)

On a scale of 1-10, how severe is your pain at its worst?

_____ (1 is no pain, 10 is worst pain of your life)

Is it constant? _____ or intermittent? _____

Have you undergone conservative therapy for your symptoms within the past 12 months?

___ Yes ___ No

If yes, which therapies have you had?

___ Physical Therapy

___ Airrosti

___ Bracing

___ Chiropractor

___ Oral Steroids

___ Over the Counter Pain Medications (Tylenol, Advil, Aspirin)

___ Narcotic Pain Medications (Vicodin, Norco, Percocet)

___ Muscle Relaxants

___ Epidural Steroid Injections

___ Rhizotomy ('Burning the Nerves')

___ Other: _____

What are your goals in seeking treatment?
