

Patient Name: _____ Date of Birth: _____

Handedness: Right-handed Left-handed Ambidextrous

Cause of Injury: No specific incident Spontaneous onset Chronic
 Auto-related injury Work-related injury Fall at work
 Fall at home Slip on ice Slip and fall

Pain Location: none front of head back of head
 right side of head left side of head back of the neck mid back
 lower lumbar area right shoulder right upper arm
 right forearm right hand right thumb left shoulder
 left upper arm left forearm left hand left thumb
 right buttock right thigh right calf right lower leg right foot
 left buttock left thigh left calf left lower leg left foot

Pain Quality: sharp aching dull pressure stabbing
 tingling burning throbbing pins and needles electric shock
 pinching pulling

Pain Course: worsening stable improving
 progressive staying the same

Pain Timing: constant intermittent at work
 in the morning in the evening at night

Severity: mild moderate severe
 1 2 3 4 5 6 7 8 9 10

Weakness: none right arm right hand left arm left hand
 right leg right foot left leg left foot