

Integrated Physical Therapy, LLC

Name: _____

Date: _____

Use the following drawing to indicate the location of your symptoms at the present time. Use the various symbols to describe the symptoms.

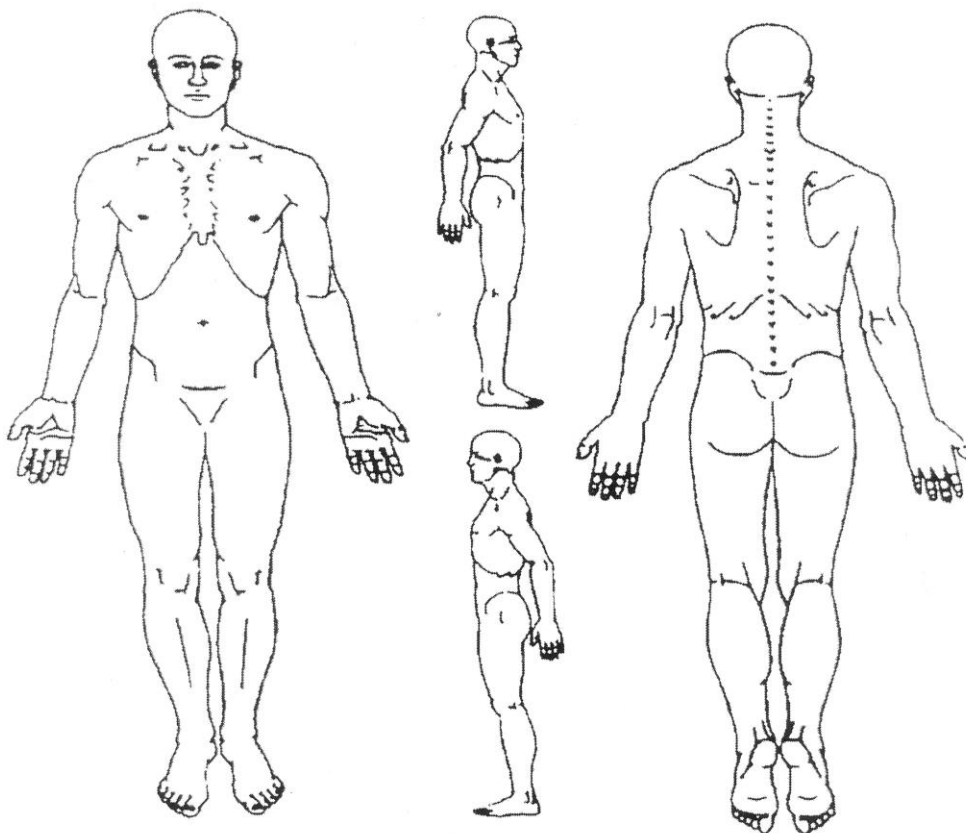
Sharp Pain
III

Achiness
xxxx

Burning
!!!!

Pins & Needles
oooo

Numbness
++++



Instructions: rate your major area of pain on the 0-10 Rating Scale below:

0 1 2 3 4 5 6 7 8 9 10
No pain weak moderate strong very strong maximal pain

Please rate your pain (0-10) at rest and with activity in the spaces provided:

With Activity: _____

At Rest: _____

Please list your two goals for physical therapy other than pain reduction:

1. _____

2. _____