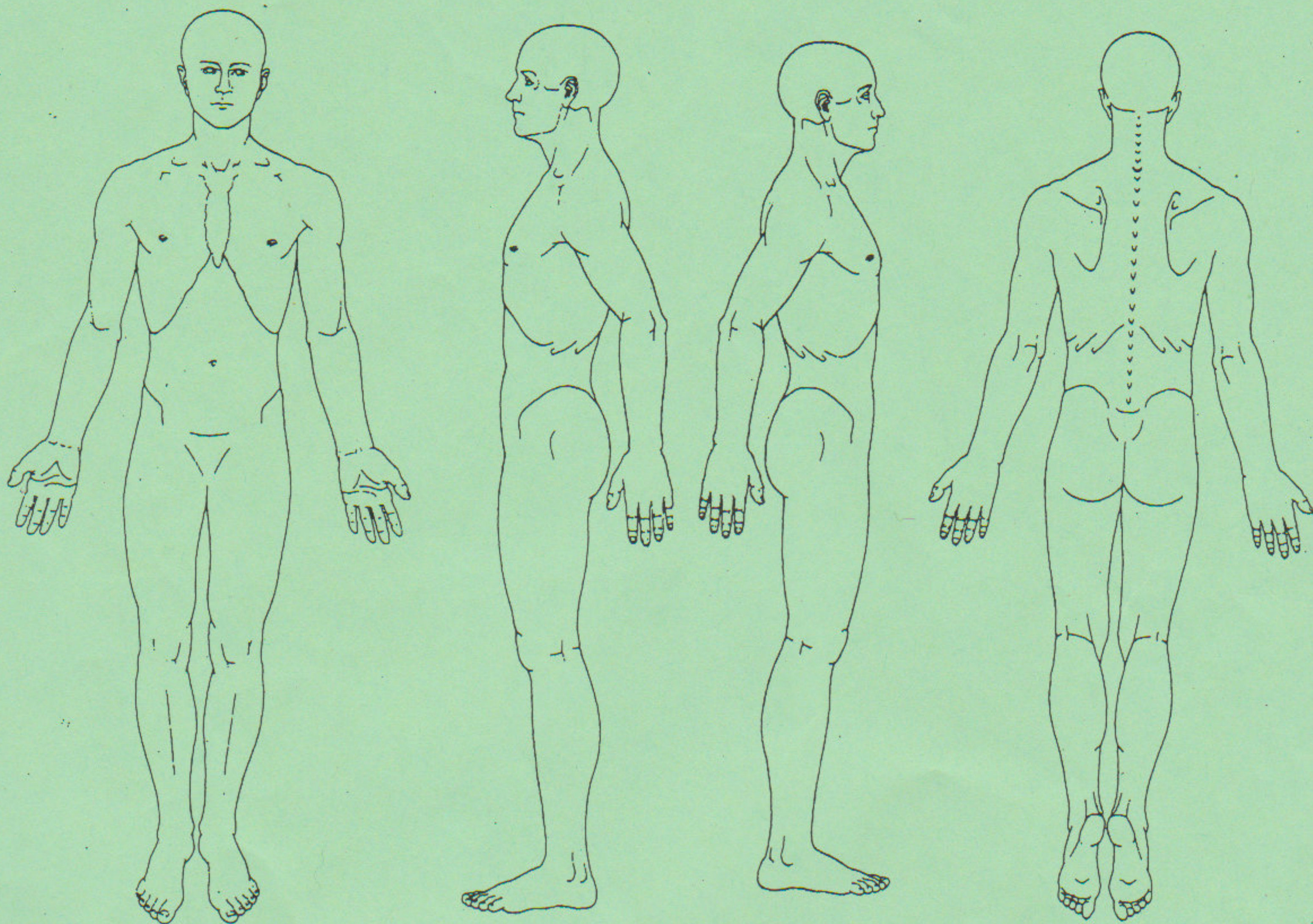


# PATIENT HISTORY

## PAIN LOCATION



Please mark off the areas of your complaint on the diagram above.  
Please use the following symbols on the pain diagram to accurately describe your condition.

- PPP** Where you experience Pain
- NNN** Where you experience Numbness
- TTT** Where you experience Tingling
- BBB** Where you experience Burning
- CCC** Where you experience Cramping

PATIENT SIGNATURE \_\_\_\_\_