DR. GRISAFI NEW PATIENT PAIN DIAGRAM

Patient Name: _____ Date of Birth:_____ Today's Date: _____

(office use): _____

Reason for visit_____

When did your symptoms start?_____

Please list any prior treatments for this problem:_____

_____

What makes the pain worse?_____

What makes the pain better?_____

Use the symbols below to mark the areas on the pictures that correspond to areas on your body where you feel the described sensations. Mark areas of radiation. Include all affected areas.

	****		OOOO		XXXX		////
Numbness	****	Pins & Needles	OOOO	Burning	XXXX	Stabbing	////
	****		OOOO		XXXX		////