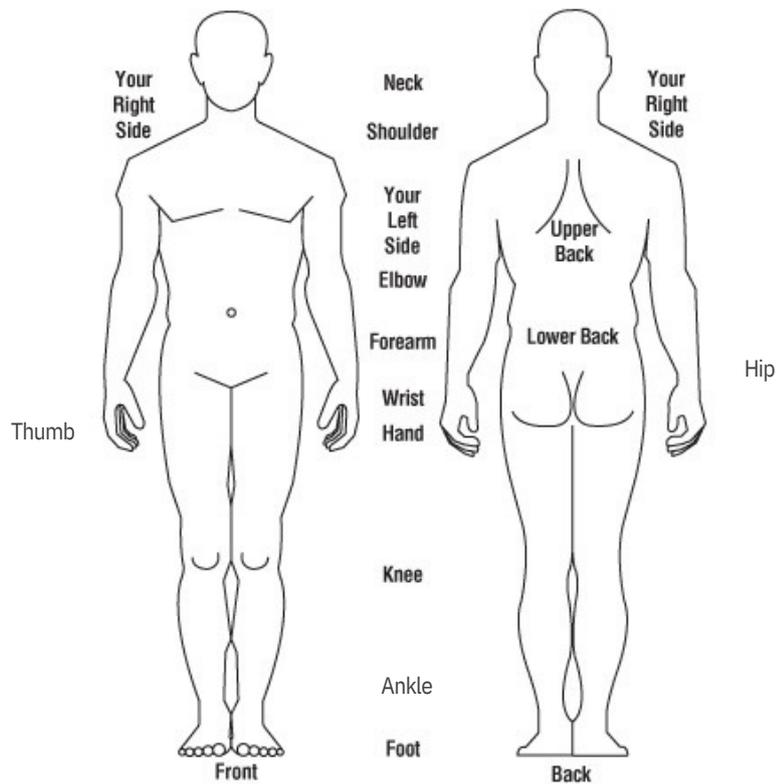


Evaluation Form

Indicate location of pain with an "X"

Indicate location of stiffness or tight muscles with dashes //

Indicate location of sciatica pain or numbness with an asterisk *



Rate pain locations on a scale of 1 (best) -10 (worst) and freq. of pain (Constant/Intermediate/Occasionally)
Example: Right Knee 8, Constant

How long has each pain area been affecting you?(Weeks/Months/Years) Example: Left Shoulder, 6Months

Activities that make pain worse? (Sitting, Standing, Walking,Bending, Others) Example: Right Knee,Sitting

History of prior surgeries and Pain Areas? Example: Right Knee Replacement, 2007
