

Patient Name/Nombre _____

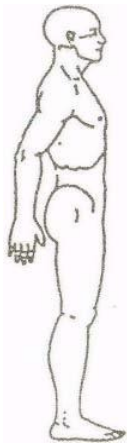
Date/Fecha _____

In the diagrams below, mark the area of the body, using symbols to indicate where you have experienced any of the following symptoms **in the past week**.

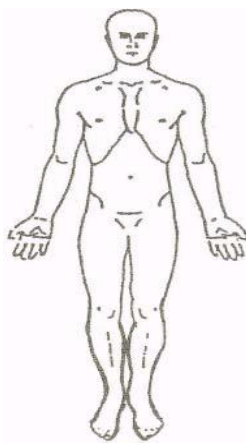
En este diagrama, marque las partes de su cuerpo usando los simbolos y indique cualquier tipo de symptoma que ha tenido durante la **ultima semana**.

Aching	Burning	Stabbing	Pins/Needles	Numbness
XXXXXXXX	≈≈≈≈	////////	OOOOOOO	-----
Adolorido	Ardor	Punzadas	Piquetes	Adormecido

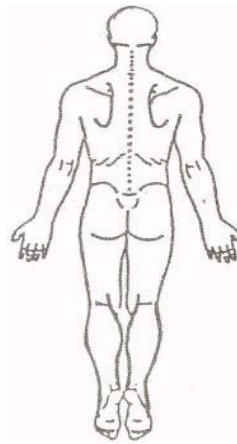
Right



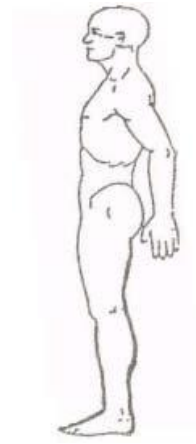
Right ↔ Left



Left ↔ Right



Left



How long have you had the pain in this location? _____

Cuanto tiempo tiene con el dolor en esta locacion? _____

Is this a worker's compensation related problem? Yes _____ No _____

Se lastimo en el trabajo? Si _____ No _____

On a scale of 1-10 (10 being the worst pain that you have ever experienced), what would you rate your pain today? Please circle on the scale below.

Usando escala de 1-10 (10 siendo el peor dolor que ha sentido y 0 que no hay nada de dolor), cuanto diria que es su dolor hoy? Por favor indique en escala.

