



Comprehensive Spine Assessment

Name: _____

Age _____ Sex: Male Female

Date of Birth: _____

Symptoms

Where is your pain?

Pain Diagram:

Indicate where you are having symptoms by using the proper symbols and arrows to show where the pain goes or shoots. Be sure to show all areas involved and please indicate where the pain is the worst.

- Aching/pain (xxxx)
- Numbness/Tingling (oooo)
- Pins/needles (---)
- Burning (////)
- Spasm/cramp (#####)

Describe circumstances of the injury

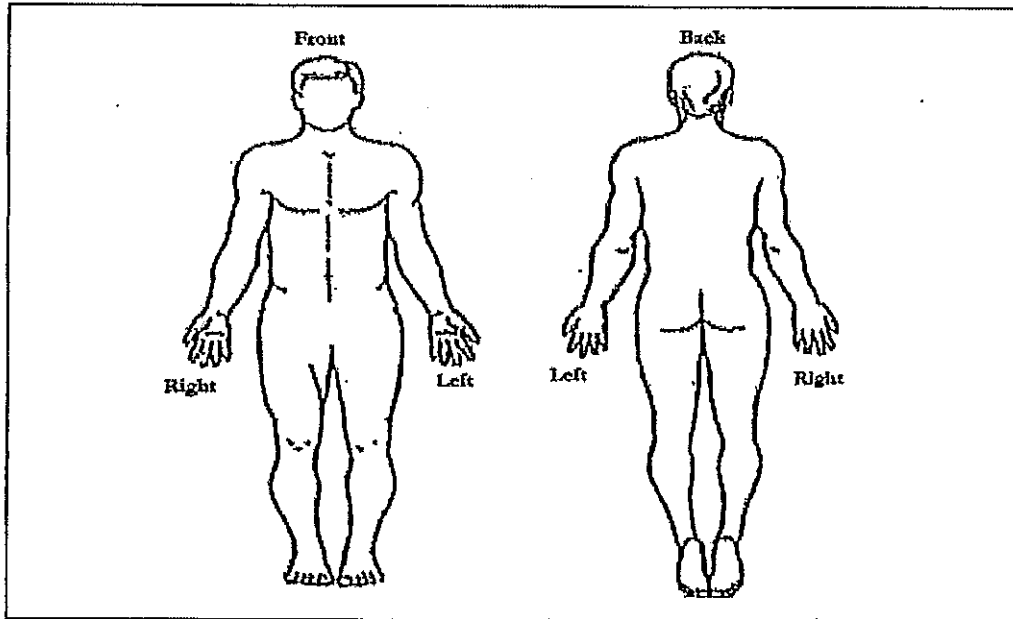
Rate your pain at its worst and its best

0<---2---4---6---8--->10

best

0<---2---4---6---8--->10

worst



Please sign below indicating you have completed this form truthfully and accurately as possible, to the best of your ability.

Signature: _____

Date: _____