



# PATIENT INITIAL PAIN AND FUNCTIONAL STATUS

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark the region and intensity of your pain or symptoms in the **PAST 24hrs.**

0 = no pain

10 = the most intense pain imaginable

Indicate the location of symptoms and levels of pain:

**Example**

Body part: Right Neck

At best (past 24hrs)

0 1 2 **3** 4 5 6 7 8 9 10

At worst (past 24hrs)

0 1 2 3 4 5 6 7 **8** 9 10

Body part: \_\_\_\_\_

At best (past 24hrs)

0 1 2 3 4 5 6 7 8 9 10

At worst (past 24hrs)

0 1 2 3 4 5 6 7 8 9 10

Body part: \_\_\_\_\_

At best (past 24hrs)

0 1 2 3 4 5 6 7 8 9 10

At worst (past 24hrs)

0 1 2 3 4 5 6 7 8 9 10

Body part: \_\_\_\_\_

At best (past 24hrs)

0 1 2 3 4 5 6 7 8 9 10

At worst (past 24hrs)

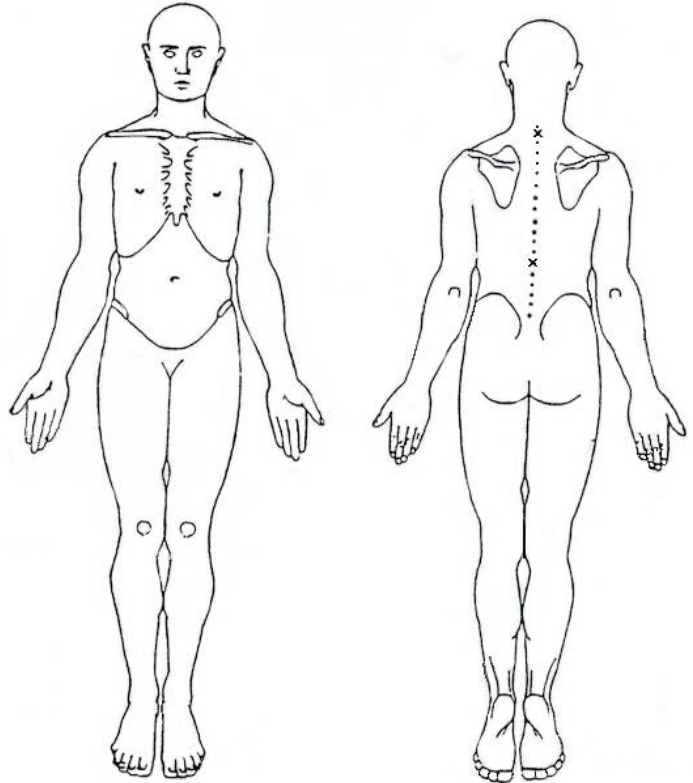
0 1 2 3 4 5 6 7 8 9 10

Please mark the area and type of symptoms you have on the chart below:

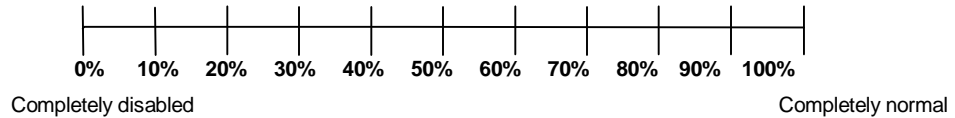
A = achy  
St = stiffness  
P = sharp pain

B = burning  
TH = throbbing  
Sh = shooting

N = numbness  
T = tingling



**Overall Functional Status:**



**Work Status:**

- Employed
- Unemployed
- Disabled

- Homemaker
- Retired
- Student

Job title: \_\_\_\_\_

Physical requirements:  Light  Moderate  Heavy

**Working:**

- Normal job
- Alternate job
- Restricted
- Not working

Current work restrictions are: \_\_\_\_\_

Expected date of full return to work: \_\_\_\_\_

Normal work hours: \_\_\_\_\_ hours per day, \_\_\_\_\_ days per week.