

NAME (PLEASE PRINT): _____ DATE: _____

DATE OF BIRTH: _____ OCCUPATION: _____

WHEN DID YOUR SYMPTOMS START? _____

USE THE LETTERS BELOW TO INDICATE THE TYPE AND LOCATION OF YOUR SENSATION RIGHT NOW

A=ACHE

B=BURNING

N=NUMBNESS

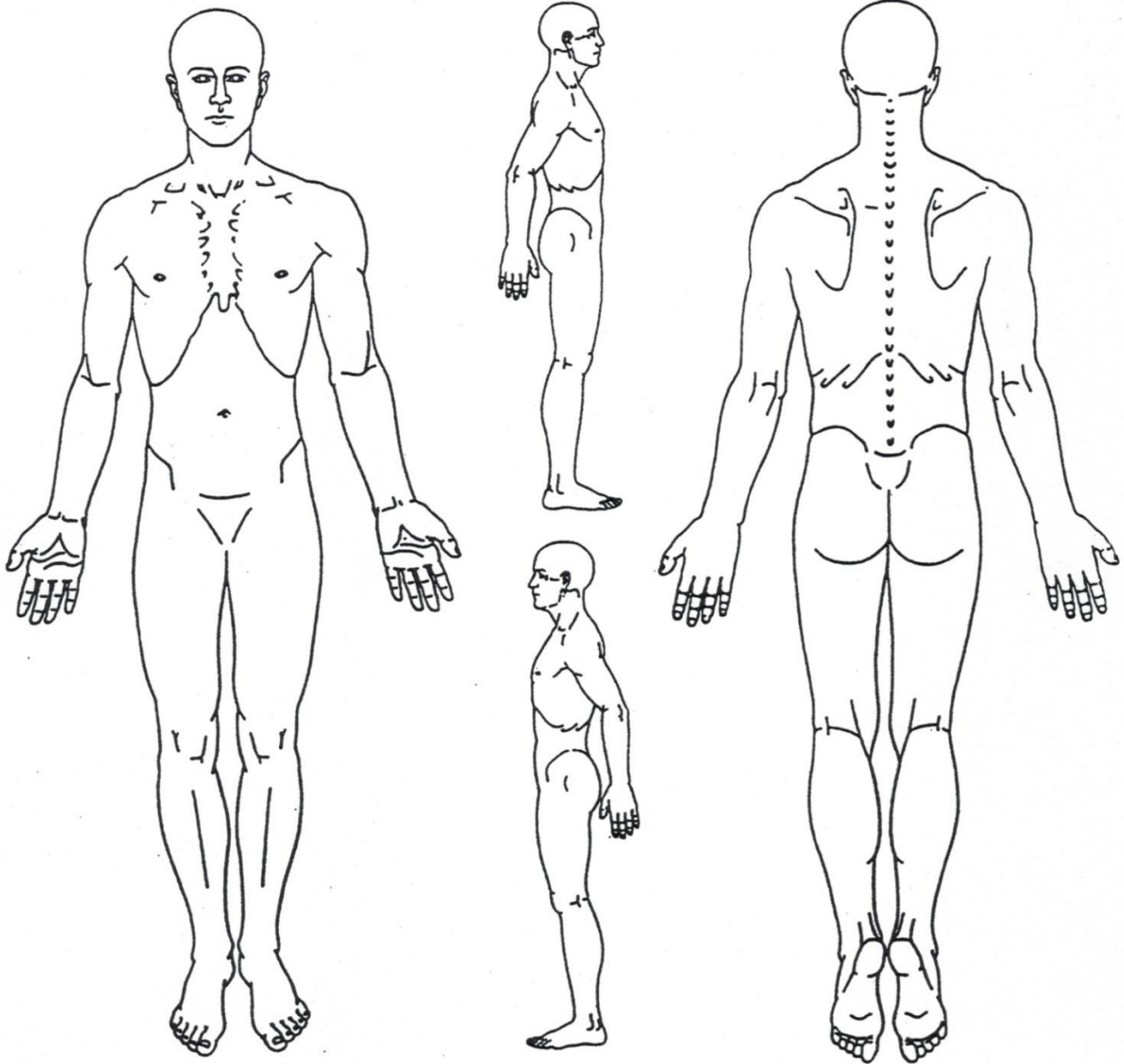
W=WEAKNESS

P=PINS AND NEEDLES

S=SHARP

T=TIGHTNESS

O=OTHER



OVER PLEASE