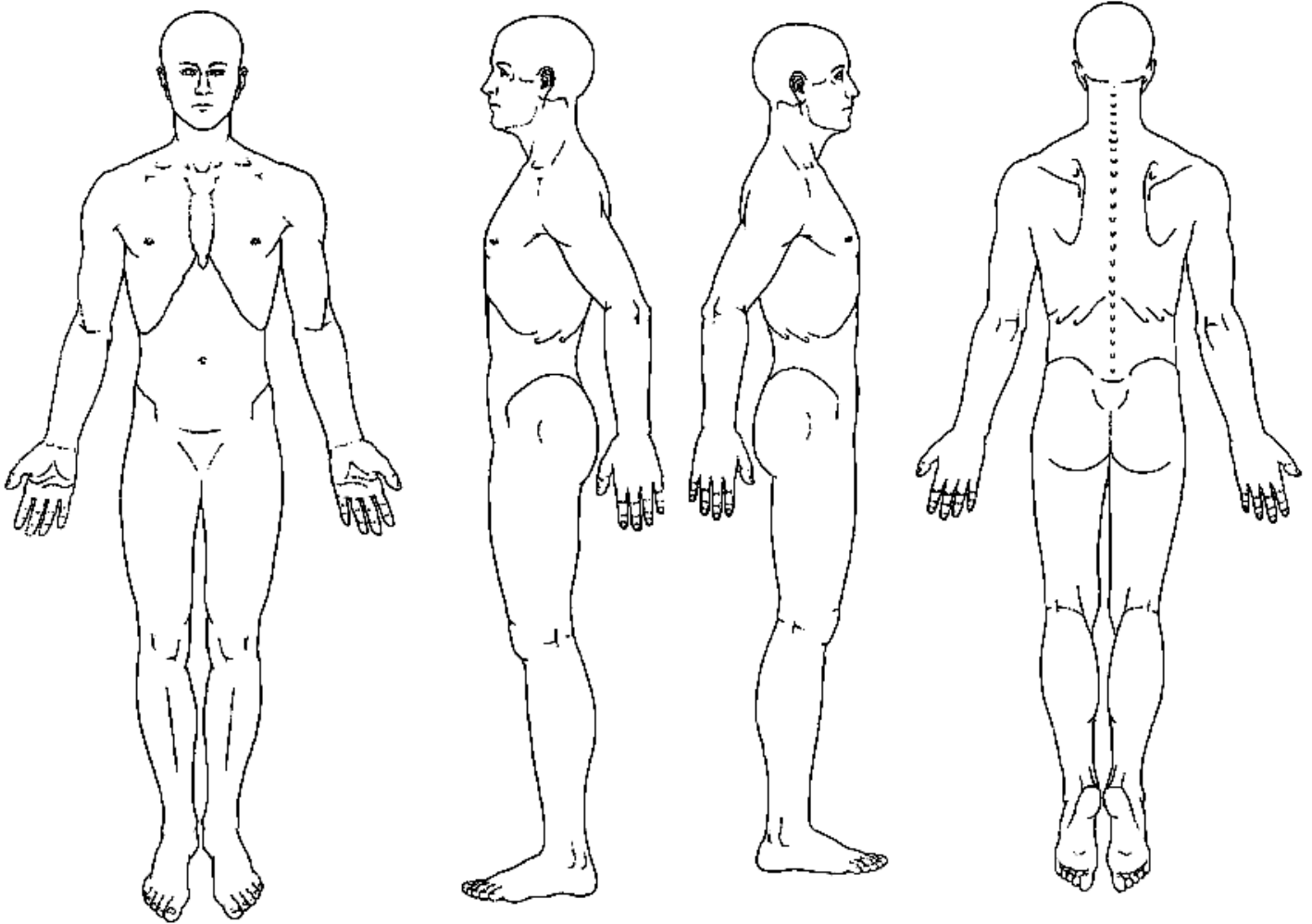


PATIENT HISTORY

PAIN LOCATION



Please mark off the areas of your complaint on the diagram above.
Please use the following symbols on the pain diagram to accurately describe your condition.

- | | |
|-----------|-------------------------------|
| PP | Where you experience Pain |
| NN | Where you experience Numbness |
| TT | Where you experience Tingling |
| BB | Where you experience Burning |
| CC | Where you experience Cramping |

PATIENT SIGNATURE _____ DATE _____