



# RTHOCENTER

THE ORTHOPAEDIC, SPORTS MEDICINE AND REHABILITATION CENTER

Main Office  
80 Oak Hill Road  
Red Bank, NJ  
(732) 741-2313

25 Kilmer Drive  
Building 3 - Suite 105  
Morganville, NJ  
(732) 617-9111

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## PAIN DRAWING

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. (Use los simbolos indicados para demostrar que sensacion siente en el cuerpo. Incluya todas las zonas.)

Aching  
(Doloroso)  
△ △ △

Numbness  
(Dormido)  
= = =

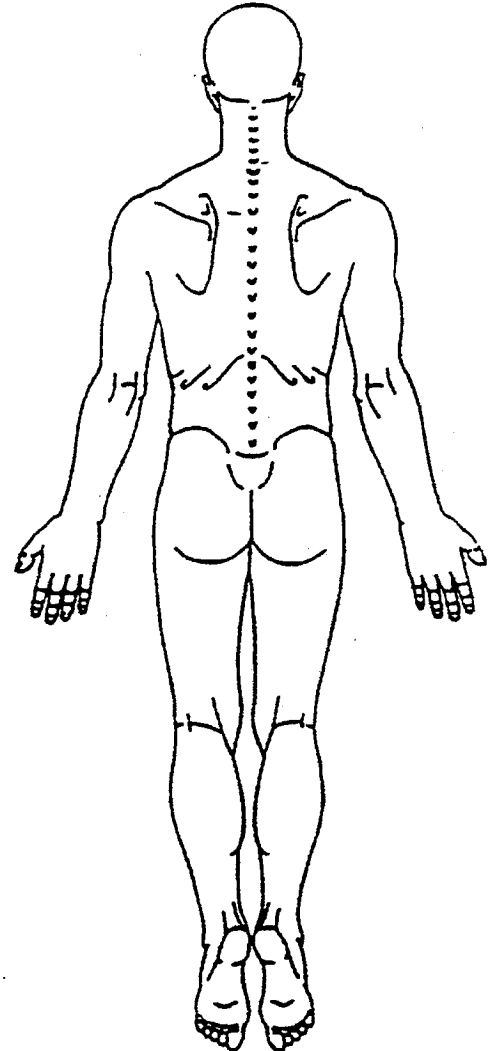
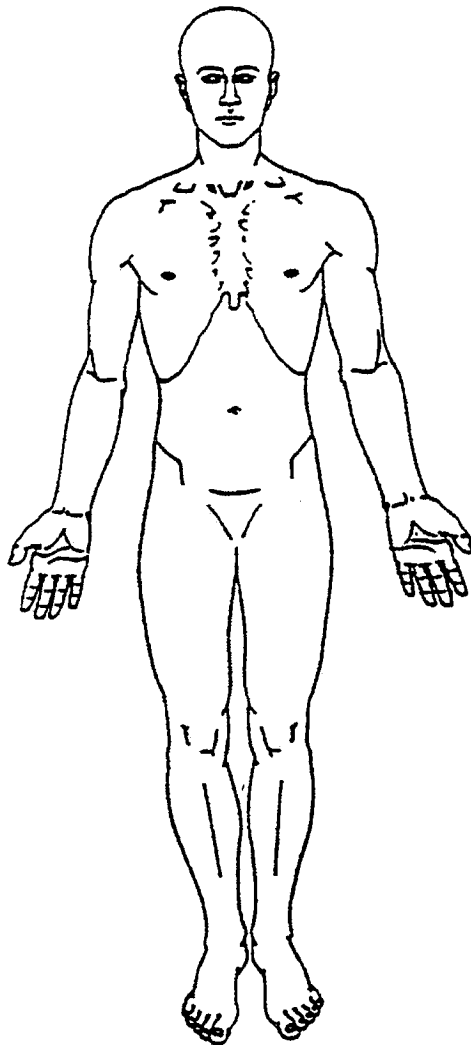
Pins & needle  
(Pinchazos)  
0 0 0

Burning  
(Ardor)  
X X X

Stabbing  
(Punaladas)  
/ / /

Other  
● ● ●

(Right Side)



Right

Left

(Left side)

Left

Right

Pain since last visit is:

worse

same

less

Pain in arms(s) compared with neck:

worse

same

less

Pain in legs(s) compared with back:

worse

same

less



**ORTHOPAEDIC, SPORTS MEDICINE  
AND REHABILITATION CENTER, P.A.**  
Spine and Pain Service

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Would you like your notes sent there? Y  N

When did you first feel symptoms? \_\_\_\_\_

Have you had episodes like this in the past?  Y  N

When and how often? \_\_\_\_\_

Was it related to an accident?  Y  N

Work related?  Y  N Motor Vehicle Accident?  Y  N

Please describe the accident, if any: \_\_\_\_\_

Are you claiming workers compensation?  Y  N

Comments: \_\_\_\_\_

Are you in litigation regarding your accident?  Y  N

Comments: \_\_\_\_\_

Do you have neck/back pain?  Y  N

Is one side of your neck/back worse?  Right  Left  Equal

Is your neck/back pain present now?  Y  N

Has your neck/back pain been getting  Better  Worse Same

How long have you had neck/back pain? \_\_\_\_\_

Do you have arm or shoulder/leg or buttock pain?  Y  N

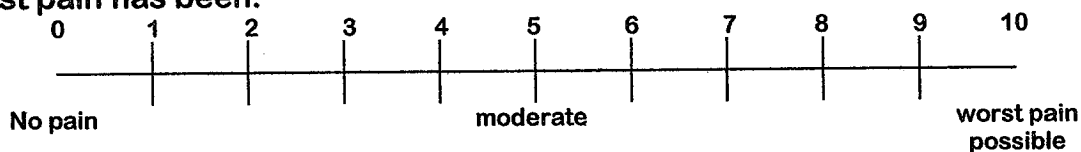
Is one side worse?  Right  Left  Equal

Is your arm/leg pain present now?  Y  N

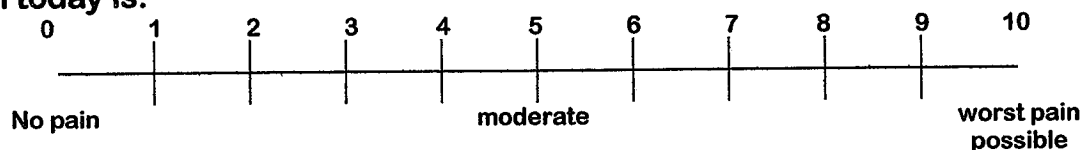
Has your arm/leg pain been getting  Better  Worse Same

How long have you had arm/leg pain? \_\_\_\_\_

My worst pain has been:



My pain today is:



What percentage of your pain is in your neck/back? \_\_\_\_\_%

What percentage of your pain is in your arms/legs? \_\_\_\_\_%

My pain feels better when I: \_\_\_\_\_

My pain feels worse when I: \_\_\_\_\_

Have you had unexplained weight loss recently? Y N

Do you suffer with fever, chills or night sweats? Y N

Do you have a history of cancer? Y N

Do you have trouble sleeping because of your symptoms? Y N

Do you have bowel problems because of your symptoms? Y N

Do you have urinary problems because of your symptoms? Y N

Do you feel off balance because of your symptoms? Y N

Have you had problems with coordination such as writing, buttoning shirts or tying shoes? Y N

Comments: \_\_\_\_\_

Have you seen any other physicians for these symptoms?

\_\_\_\_\_

Have you had?

x-rays

MRI

CT scan

Discogram

EMG

Other tests

Have you tried?

NSAIDS (i.e. Advil)

Muscle relaxants

Steroids

Narcotics

Lyrica / Neurontin

Other medications

Have you done?

Physical Therapy

Massage Therapy

Chiropractic Care

Epidural Injections

Other Injections

What medicines or treatments have helped your symptoms?

\_\_\_\_\_  
\_\_\_\_\_

Have you had back or neck surgery? Y N

When and with whom? \_\_\_\_\_

What type of work do you do? \_\_\_\_\_

Do you enjoy your work? \_\_\_\_\_

Have you missed work because of your current symptoms? \_\_\_\_\_

Date Last Worked: \_\_\_\_\_

What activities do you enjoy? \_\_\_\_\_

Do you smoke? Y N Packs per day? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you drink alcohol? Y N Drinks per week? \_\_\_\_\_ For how long? \_\_\_\_\_

What would you like your doctor to do for you today?

\_\_\_\_\_  
\_\_\_\_\_