

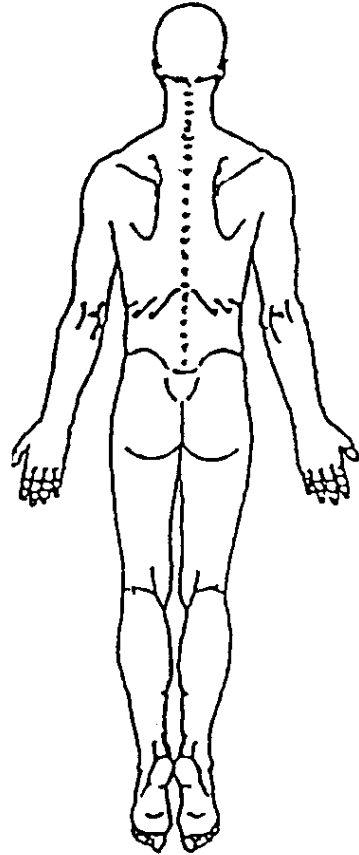
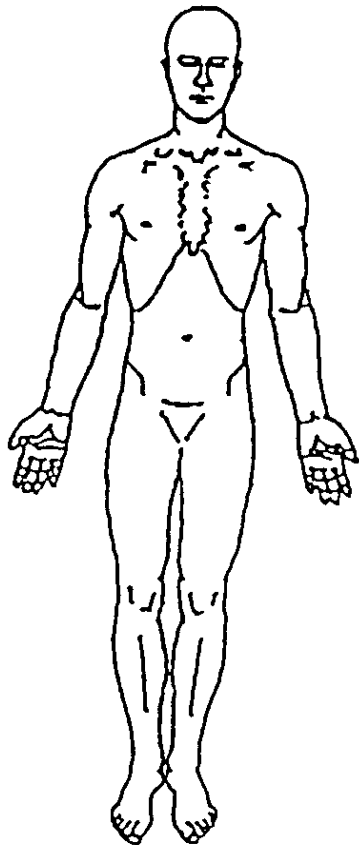
# BACK @ WORK

## PHYSICAL THERAPY

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate where your pain is located and what type of pain you feel at the present time. Use the symbols below to describe your pain. Do not indicate areas of pain which are not related to your present injury or condition.

<b>KEY:</b>	Numbness	=====	Pins & Needles	ooooooo
	Burning Pain	xxxxxxx	Stabbing Pain	/////////



Please rate the intensity of you symptoms over the past 24 hours. 0 = no pain, 10 = emergency pain, requires an ambulance.

	<u>No Pain</u>										<u>Emergency Pain</u>											
Currently	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
At its best	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
At its worst	0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10