Core Connections Physical Therapy

108 Whispering Pines Dr., Suite 120,
Scotts Valley, CA 95066
call 831/440-8304

Patients Pain Evaluation

Patients Name:_____Date:_____

<u>Please complete both sides of this evaluation form!!!!</u>

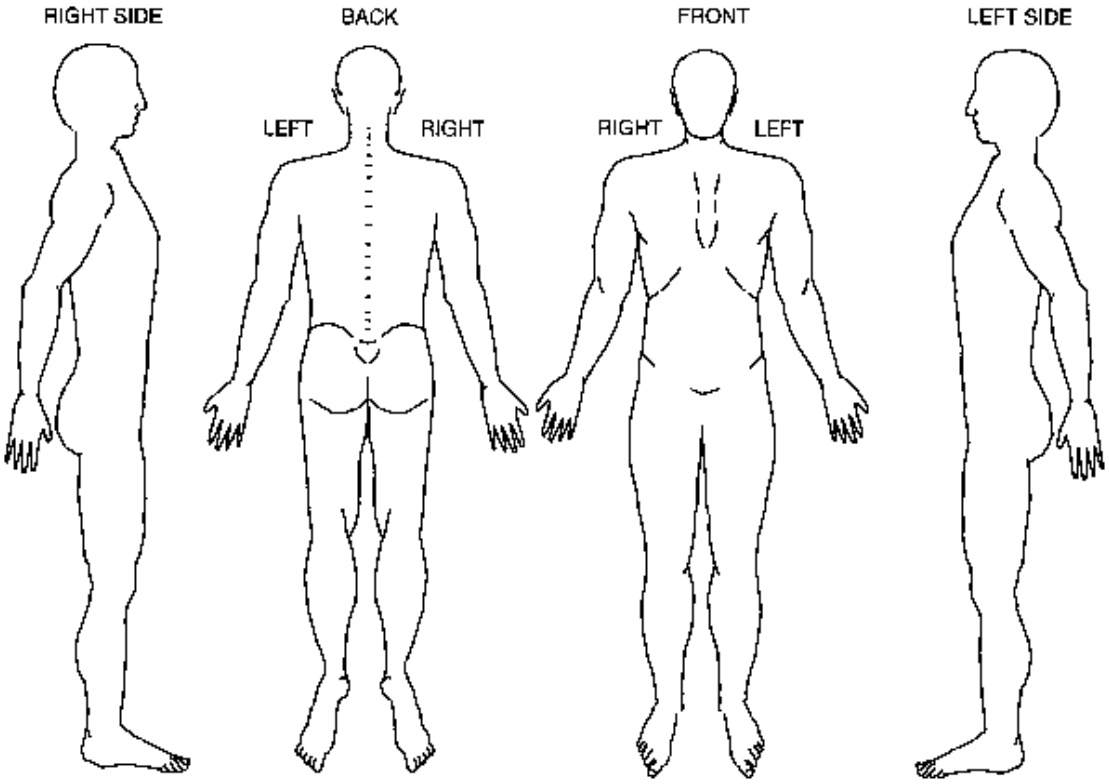
1) **Please use the following symbols on the diagrams below:**

Pain = - **Numbness = 0** **Tingling = +**

<u>Pain</u> – If you are experiencing pain use a "-" symbol where the pain is occurring in the body diagrams below.

<u>Numbness</u> – If you are experiencing numbness related to your injury, please use a "0" where the numbness is occurring. For example If you have a shoulder injury, and you are experiencing numbness in your fingers, please use the "0" symbol to indicate this.

<u>Tingling</u> – If you are experiencing tingling, in or around the injured area, please use a "+" symbol where the tingling is occurring.



Core Connections Physical Therapy

108 Whispering Pines Dr., Suite 120,
Scotts Valley, CA 95066
call 831/440-8304

Patients Pain Evaluation

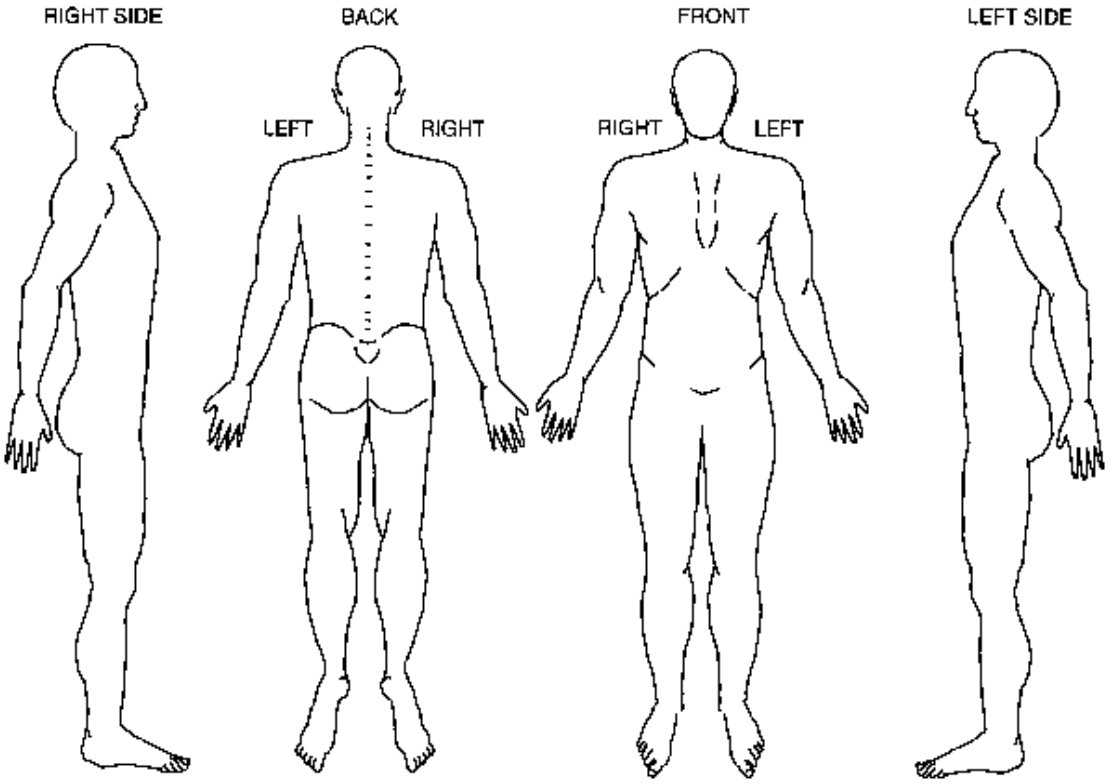
Patients Name:_____Date:_____

<u>Please complete both sides of this evaluation form!!!!</u>

2) Please use the following symbols on the diagrams below:

Pain = - **Numbness = 0** **Tingling = +**

<u>Pain</u> – If you are experiencing pain use a "-" symbol where the pain is occurring in the body diagrams below.

<u>Numbness</u> – If you are experiencing numbness related to your injury, please use a "0" where the numbness is occurring. For example If you have a shoulder injury, and you are experiencing numbness in your fingers, please use the "0" symbol to indicate this.

<u>Tingling</u> – If you are experiencing tingling, in or around the injured area, please use a "+" symbol where the tingling is occurring.