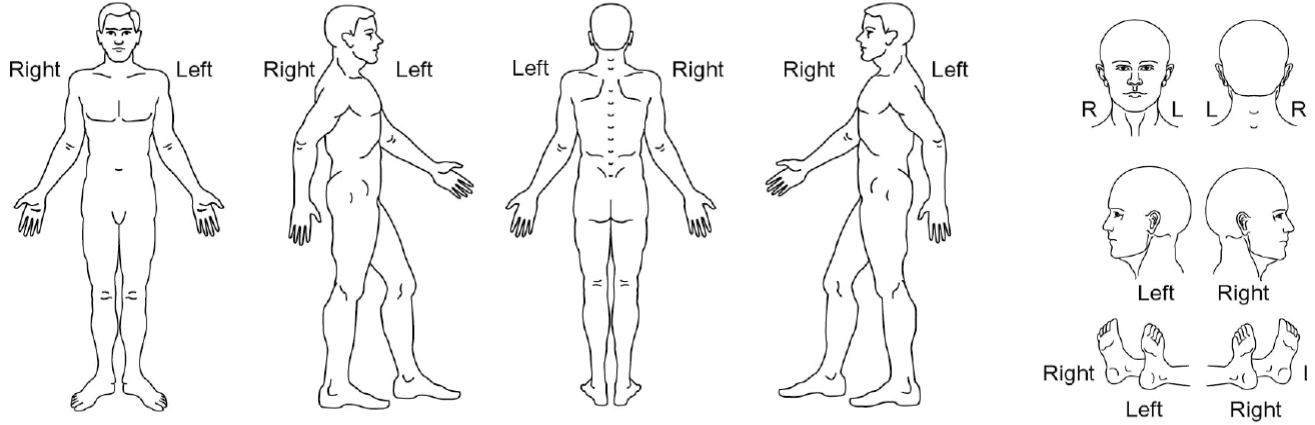




15. Shade on the diagram your painful areas



16. Circle the words that describe your pain.

- |           |            |             |
|-----------|------------|-------------|
| Aching    | Sharp      | Penetrating |
| Throbbing | Tender     | Nagging     |
| Shooting  | Burning    | Numb        |
| Stabbing  | Exhausting | Miserable   |
| Gnawing   | Tiring     | Unbearable  |

17. Have you had any new diagnostic studies since your last procedure?

- |                                |   |                                    |                                   |
|--------------------------------|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> X-ray | <input type="checkbox"/> Myelogram        | <input type="checkbox"/> MRI       | <input type="checkbox"/> Cat Scan |
| <input type="checkbox"/> EMG   | <input type="checkbox"/> Nerve Conduction | <input type="checkbox"/> Bone Scan |                                   |

Additional Comments:

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Reviewed by: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

<p><b>YAMPA VALLEY</b>  <b>MEDICAL CENTER</b>  <b>Pain Management Service</b>          940 Central Park Dr., Suite 202          Steamboat Springs, CO 80487</p>	<p style="text-align: center;">(Patient Identification)</p> <p style="font-size: 2em; font-weight: bold; text-align: center;">*320*</p>
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