

Central Texas Spine Institute, LLP

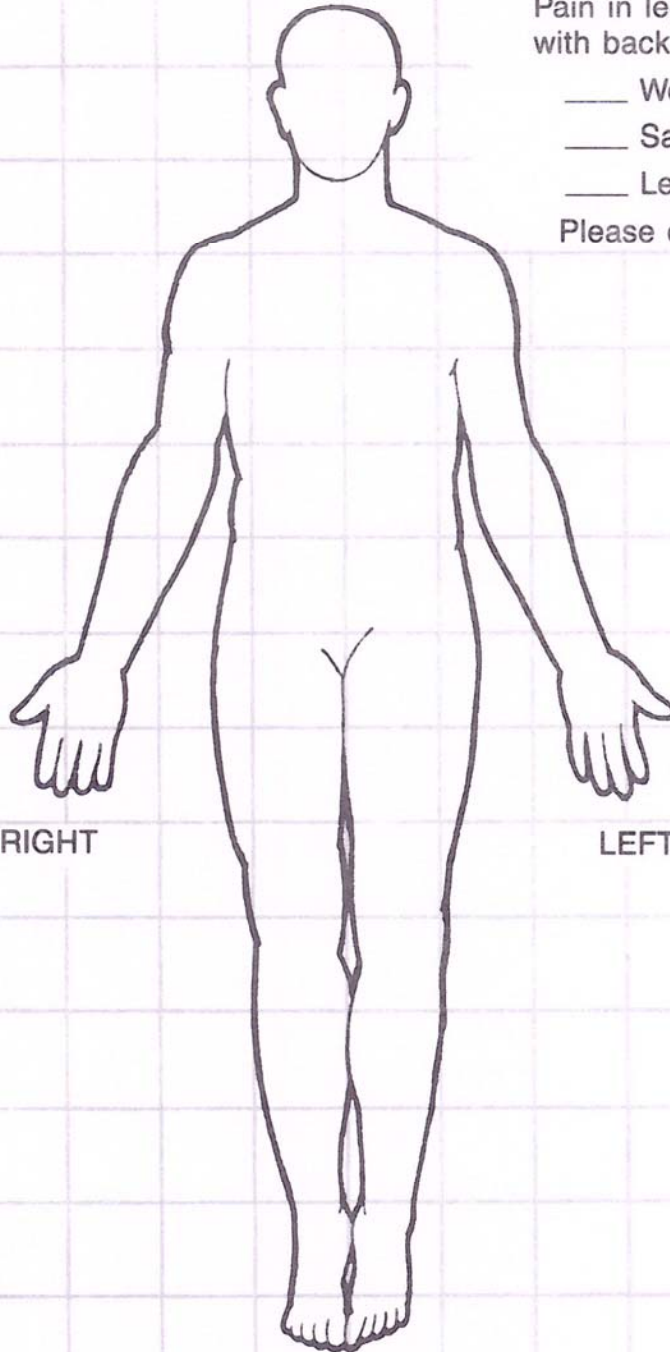
DATE: _____ NAME: _____

USING THE SYMBOLS BELOW TO DESCRIBE YOUR SYMPTOMS, DRAW THEM ON THE BODY WHERE YOU'VE EXPERIENCED THAT TYPE OF SYMPTOM.

- | | | | | | |
|-------------|----------------|-----------------|---------------------------|-----------------|--------------|
| <u>ACHE</u> | <u>BURNING</u> | <u>NUMBNESS</u> | <u>PINS & NEEDLES</u> | <u>STABBING</u> | <u>OTHER</u> |
| A A A A | ===== | o o o o | | ///// | X X X X |
| A A | ===== | o o | | ///// | X X X |

FRONT

BACK

	<p>Pain in leg(s) compared with back:</p> <p>___ Worse Than</p> <p>___ Same As</p> <p>___ Less Than</p> <p>Please check only one</p>	