

Pain History Sheet

If your presenting complaint involves pain, please consider the following features concerning the pain:

Onset (how did the pain first start - suddenly, gradually? What were you doing?)

Main site of pain

Radiation (does the pain move or spread anywhere? If so, where?)

Character of pain (sharp, dull, burning, throbbing, aching, lancinating etc)

Severity of pain (mild, moderate, severe, worst pain imaginable)

Duration of pain episodes (minutes, hours, days, weeks, months)

Frequency of pain episodes (once, twice, three times ... per ... hour, day, week, month)

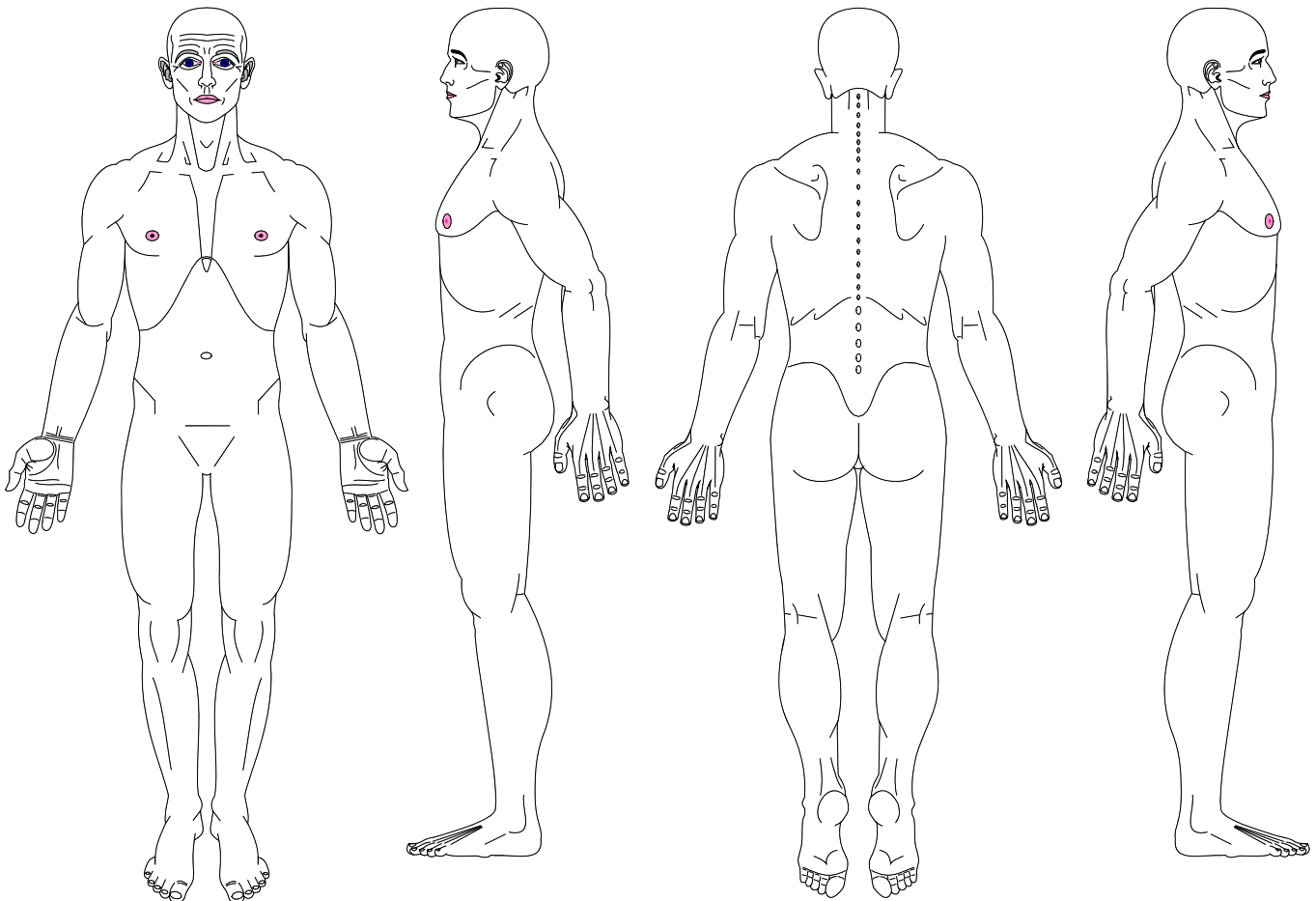
Special times of occurrence

Aggravating factors

Relieving factors

Associated symptoms

Please indicate on the diagram below the site of your pain, and / or other symptoms. Our convention is to use red shading for pain and blue dots for pins and needles or numbness. Please ask at reception for a coloured pen if necessary.



Please hand this directly to the clinic doctor at your first consultation. **Thank you.**