

SYMPTOM LOCALISATION

Name:

Date:

Duration of symptoms:Years.....Months.....Days

On the diagram below please indicate where you experience the following symptoms:

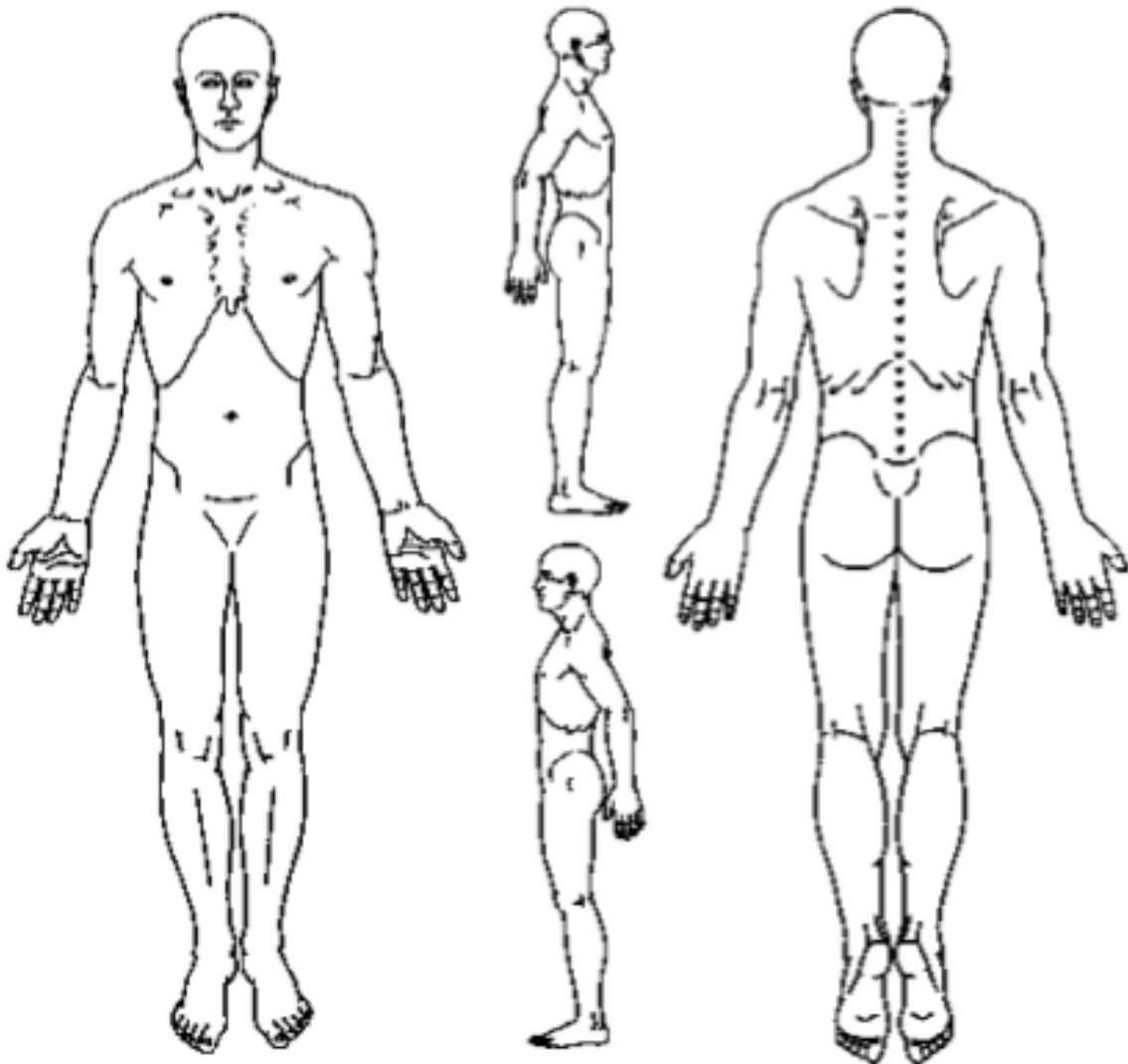
Pain/Ache = A

Pins and Needles = P

Burning = B

Numbness = N

Stabbing = S



Briefly describe your presenting problem:

Indicate current level of pain on the following scale (circle):

