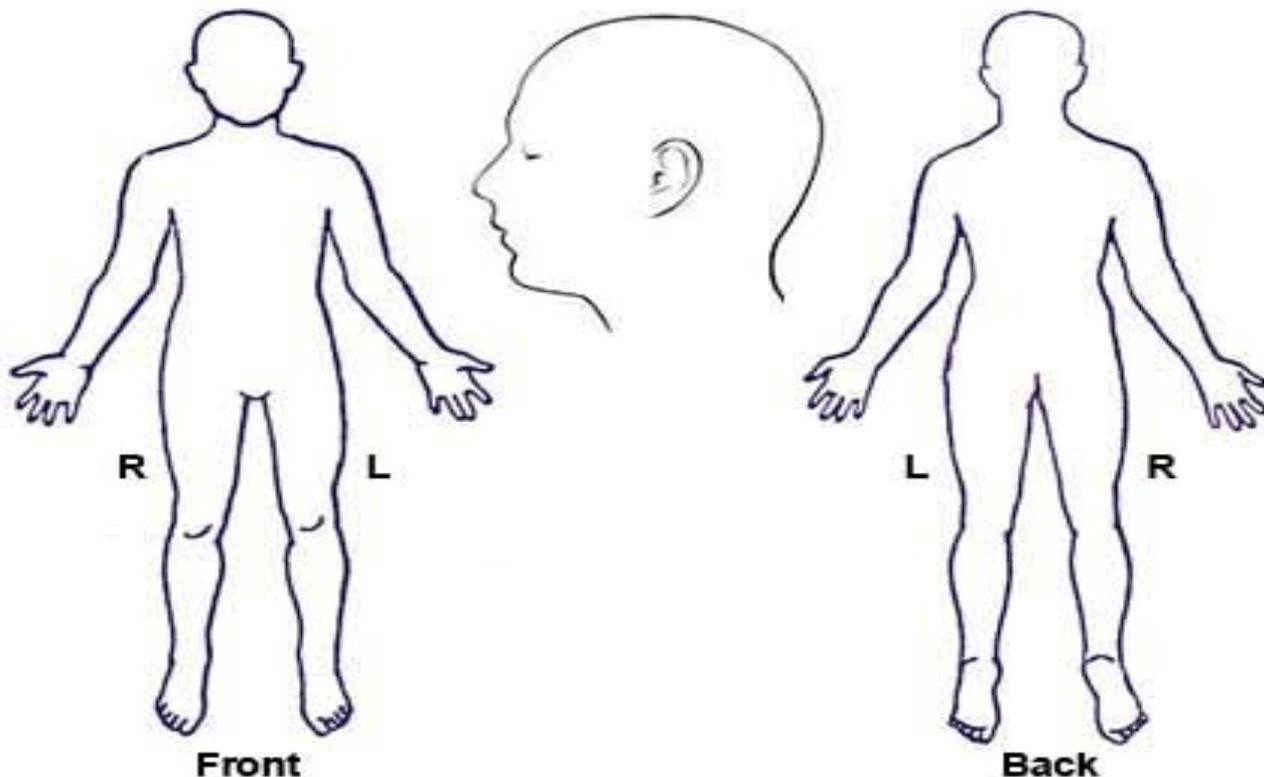


CONFIDENTIAL NEW COMPLAINT QUESTIONNAIRE

This information is needed so we can better serve you. Please fill in ALL portions of this form. If you need assistance, please ask, and we will be happy to help you.

Name: _____ Date: _____

Please mark your area of pain on the diagrams below



Please indicate your pain level now by placing an "X" on the line below:

_____ No Pain _____ Severe Pain _____

Current complaint? _____

When did it start? _____

How did it start? _____

How frequent is your pain/symptom? _____

How would you describe your pain/symptom (i.e. dull, achy, sharp)? _____

Does it radiate into your arms or legs? _____

What activities/positions aggravate your complaint? _____

What activities/positions help reduce your complaint? _____

Describe any home treatment and the result: _____

Has the problem interrupted your sleep? _____