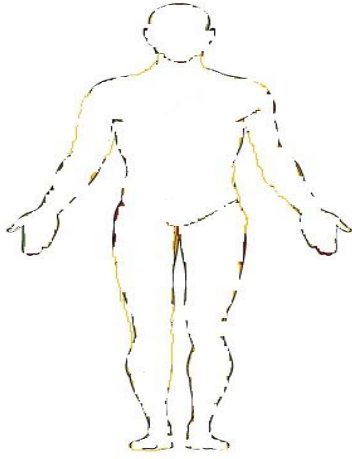


TRUE MEDICAL IMAGING

Patient Name: \_\_\_\_\_

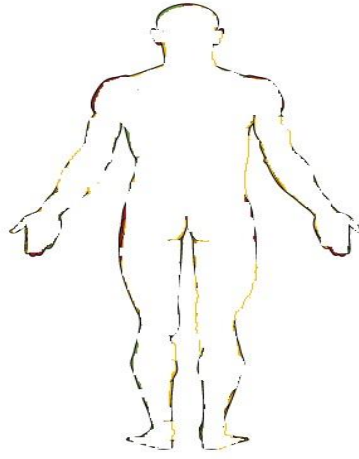
Chart Number: \_\_\_\_\_



Front



Right-Side



Back



Left-Side

Use the appropriate symbol to show point of pain

Ache           AAAA  
Burning       XXXX  
Numbness     ==

Pins and Needles       OOOO  
Stabbing               /////

Weakness               WWW

How did injury/pain occur? \_\_\_\_\_  
\_\_\_\_\_

Where are you hurting? \_\_\_\_\_  
\_\_\_\_\_

How long have these symptoms been present? \_\_\_\_\_

What is your pain level on a scale of a 1-10? (10 being the worst 1 being the least)? \_\_\_\_\_

Please check one: Getting Better \_\_\_\_\_ Getting Worse \_\_\_\_\_ Staying Constant \_\_\_\_\_ Intermittent \_\_\_\_\_

Have any surgeries or treatment been preformed for the current problem? \_\_\_\_\_  
If so, when? \_\_\_\_\_

Tech Notes: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date