

PARAGON Physical Therapy, PC
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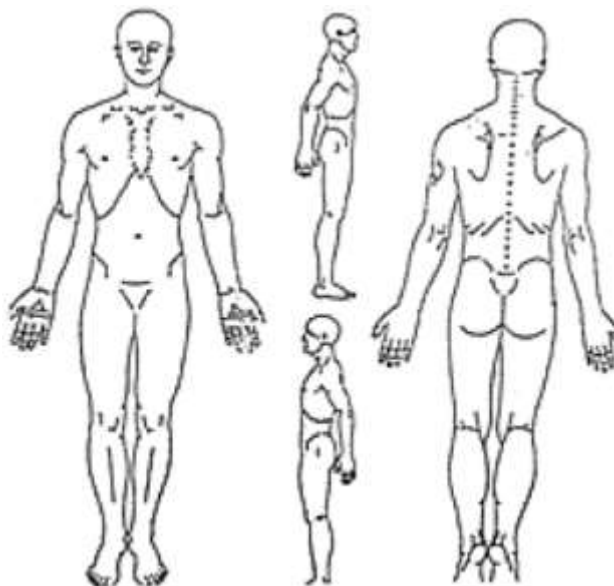
PAIN & SYMPTOMS STATUS REPORT

Patient Name: _____

Date: _____

Using the symbols below please draw on the body diagram to indicate the location and type of pain you are having.

- ACHY PAIN M M M M
- BURNING X X X X
- NUMBNESS O O O O
- RADIATING PAIN >>>>
- PINS & NEEDLES # # # # #
- SHARP PAIN + + + + +
- STABBING PAIN / / / / /



My primary complaint is: _____

The symptoms associated with my primary complaint began on: _____

My secondary complaint is: _____

The symptoms associated with my secondary complaint began on: _____

Please circle on the scale below to indicate your CURRENT level of pain:												
No Pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as it gets

Please circle on the scale below to indicate your AVERAGE level of pain:												
No Pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as it gets

Please circle on the scale below to indicate your WORST level of pain:												
No Pain	0	1	2	3	4	5	6	7	8	9	10	Pain as bad as it gets

What are the goals you expect to achieve by the end of Physical Therapy? _____
