



ADVANCED
Diagnostic
Group

Tampa • Orlando • Kissimmee • Jacksonville

PAIN INDICATOR CHART

REFERRED BY DR. _____ DATE: _____

PATIENT NAME LAST: _____ FIRST: _____

In order to provide the best results, the doctor needs to know about your pain.

Check One: Auto accident _____ Work related injury _____ Other _____

Date of accident or injury: _____

Briefly describe what happened:

List any previous surgeries with dates _____

Please check if you are experiencing any of the following symptoms:

Headaches: Yes _____ No _____ Frequency _____ Severity _____

Radiculopathy: Yes _____ No _____ (numbness/pain from shoulder-fingers or hips-feet)

Right Arm _____ Left Arm _____ Right Leg _____ Left Leg _____

Indicate where your pain is located by marking area on diagram below. Mark area darker to show more intense pain.

Please wait for the technologist to explain procedure before signing below.

Height: _____

Weight: _____

The technologist has explained the procedure(s) _____ to me and I fully understand and agree to the above stated test.

Patient Signature

Date

Technologist Signature

Date