

DOCTOR: Dr. Diane O. Ferris, D.C, Diplomate Acupuncture, NCCAOM

DATE OF VISIT: \_\_\_\_\_ Patient: \_\_\_\_\_ Age \_\_\_\_\_

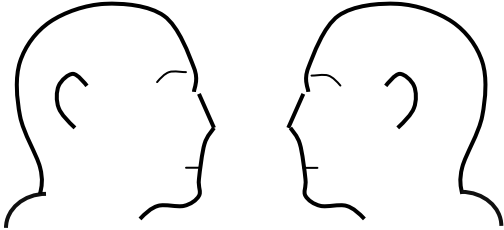
Check ONE:     INITIAL EXAMINATION     RE-EVALUATION     NEW CONDITION

FOR INITIAL EXAMINATION OR NEW CONDITION, Please give first date you noticed symptoms  
\_\_\_\_\_

**SUBJECTIVE PAIN ASSESSMENT**

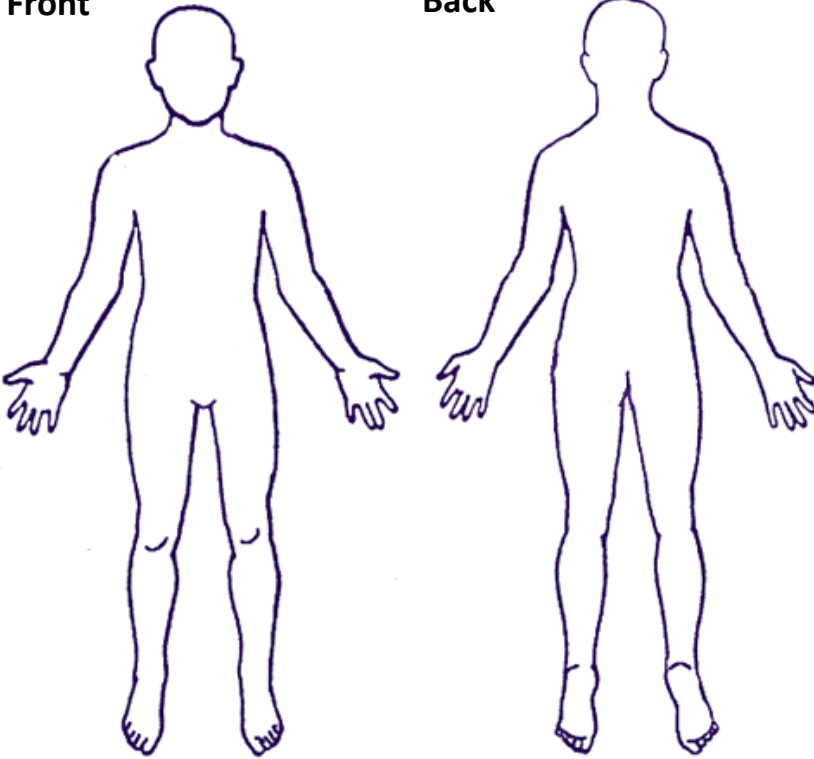
**Right**

**Left**



**Front**

**Back**



**RATE YOUR PAIN**

Place an "X" on the drawings to the left wherever you have pain. Beside the "X" indicate the type of pain you are experiencing:

- A=Ache
- B=Burning
- ST=Stabbing
- SP=Spasm
- N=Numbness
- P=Pins and Needles
- T=Throbbing

(Example: XST between your shoulders mean you have stabbing pain between your shoulders)

PAIN SCALE: Please circle the number that best describes your overall pain:

0    1    2    3    4    5    6    7    8    9    10    10+

NONE

LITTLE

MEDIUM

SEVERE

EXCRUCIATING

**PATIENT OR AUTHORIZED REPRESENTATIVE SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_