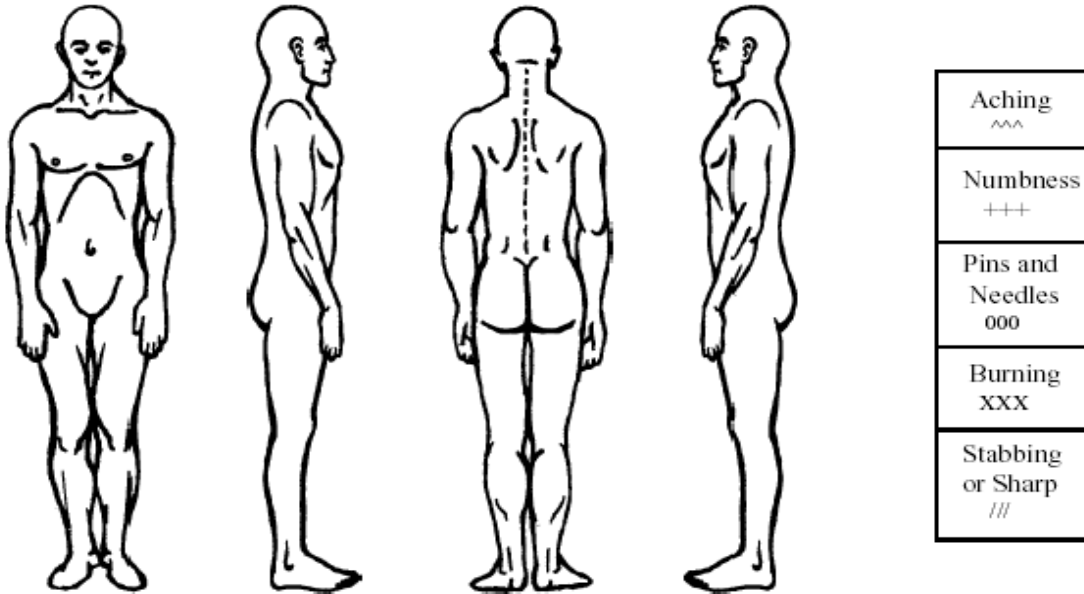


INITIAL PROBLEM RECORD

Name: _____

Please mark your areas of complaint on the diagrams below using the symbols to the right.



What problem is your biggest concern? _____

What caused your problem? _____

On the horizontal line below, draw a vertical line (|) denoting the severity of your worst pain:

No pain	_____	Excruciating pain
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How many days a week do you experience this problem? 1 2 3 4 5 6 7

What percentage of the time do you experience this problem? < 25% 25% 50% 75% 100%

If you have more than one problem, which is the next worst? _____

Rate this pain in a similar fashion:

No pain	_____	Excruciating pain
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Signature _____ Date: _____