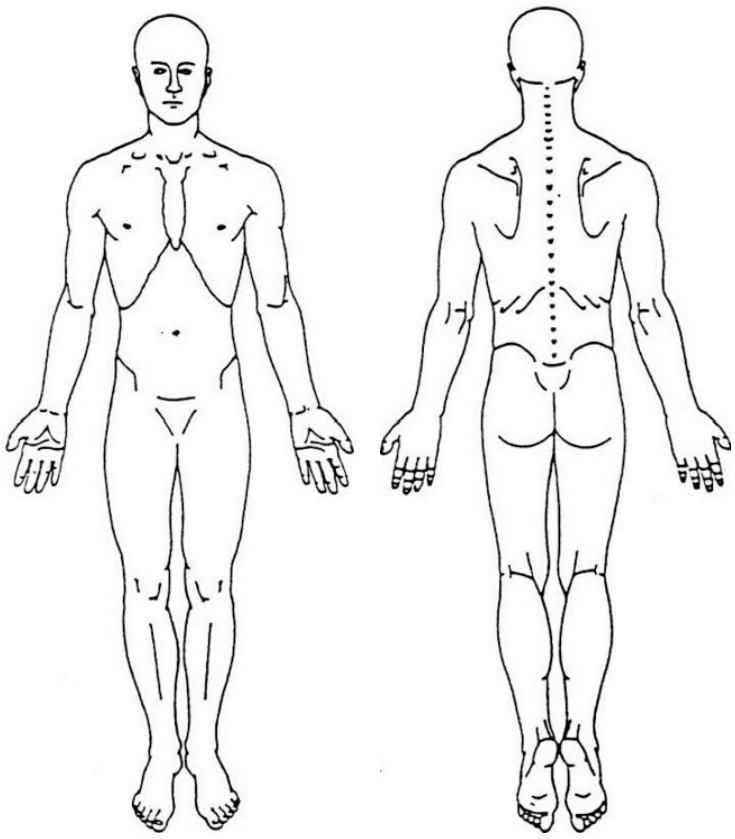
Body Diagram

Instructions:

On the body diagram below, please indicate where your pain is located at the present time. Please do not indicate areas of pain that are not related to your present injury or condition,



Indicate on the line below how you would describe your present pain by placing a mark on the line between the two extremes of experiencing no pain at all and experiencing the worst pain you have ever felt.

No Pain — Worst Pain Possible

New Client Information

Today's Date: _____

Patient Information

Patient Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) _____ Work Phone: ( ) _____

Date of Birth: _____ Social Security # _____

Employer Information

Employer Name: _____

Title: _____ Work Status: Full Time Part Time Off work

Physician Information

Primary Physician: _____ Phone Number: ( ) _____

Physician Address: _____

Other Physician: _____ Phone Number: ( ) _____

Attorney Information (If applicable)

Attorney Name: _____

Address: _____

Work Phone: ( ) _____ Fax Number: ( ) _____

Insurance Information (If applicable)

Insurance Name: _____

Address: _____

Phone: ( ) _____ Claim #: _____

Condition date: _____

Type: Work Comp Auto Other: _____ Adjustor: _____

Responsible Party: _____ Phone Number: ( ) _____

Address: _____

Relationship to the Patient: Parent Spouse Other: _____

Emergency Information

Contact Name: _____

Phone Number: _____