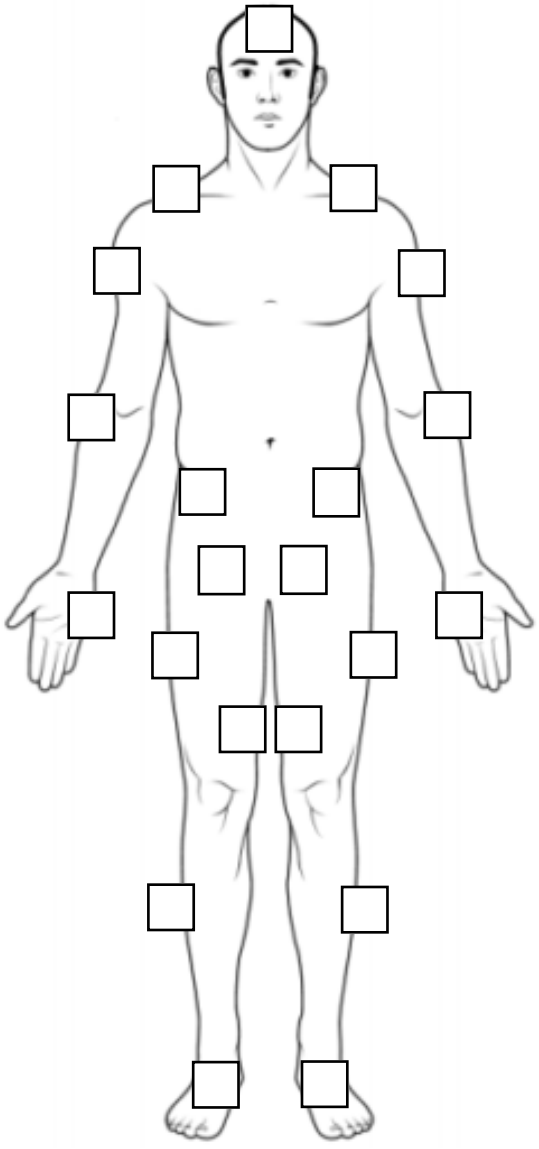
ADVANCED
Orthopaedics & Rehabilitation

Name:_____ DOB:_____/_____/____ Date:_____/_____/____

PART 1

Please mark a **"X"** on the body part(s) where you have **Pain**

Please mark an **"O"** on the body part(s) where you have **Numbness**



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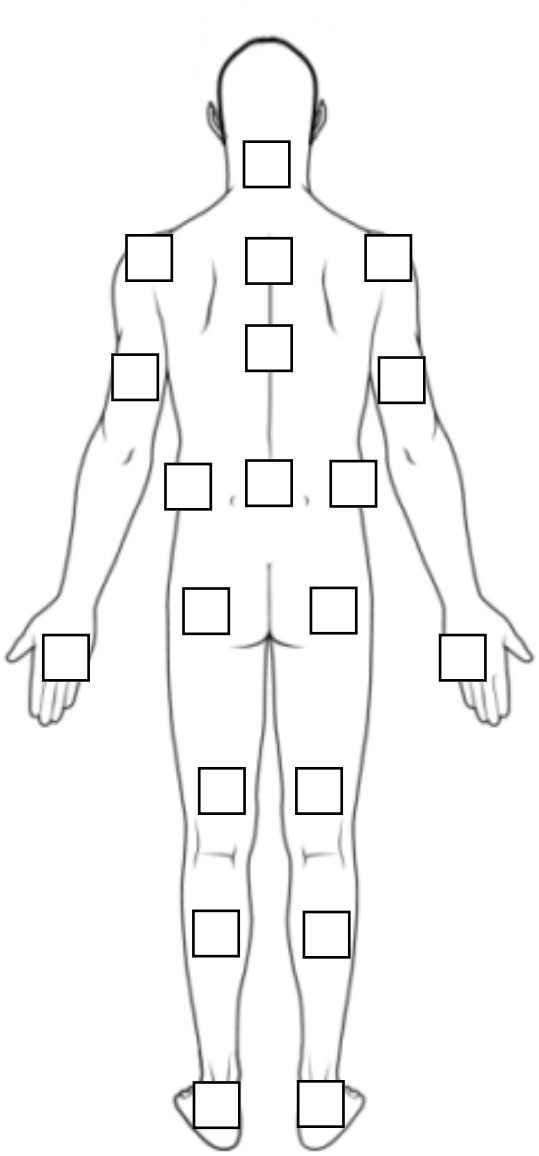

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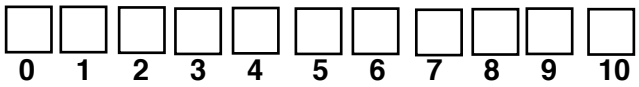
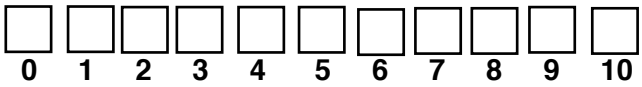
NECK



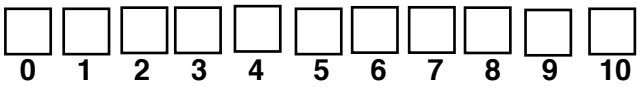
No Pain Worst Pain

BACK



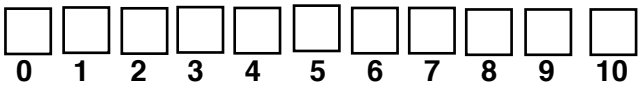
No Pain Worst Pain

RIGHT ARM



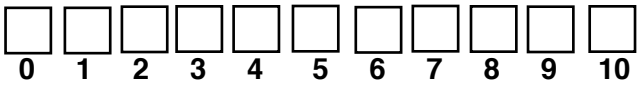
No Pain Worst Pain

RIGHT LEG



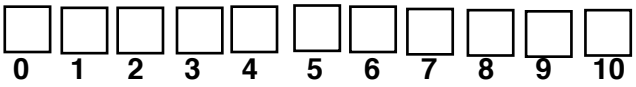
No Pain Worst Pain

LEFT ARM



No Pain Worst Pain

LEFT LEG



No Pain Worst Pain