

CURRENT MARITAL STATUS:

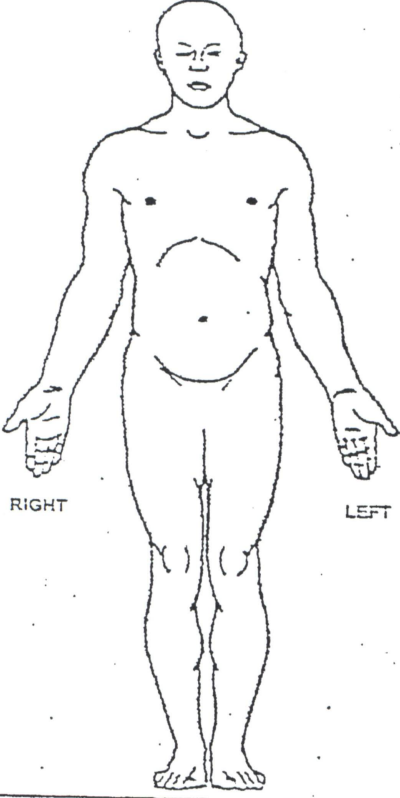
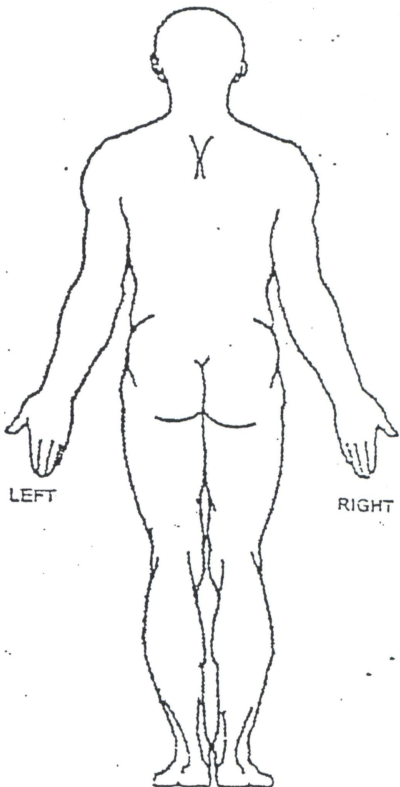
Single, Married Divorced Separated Widowed

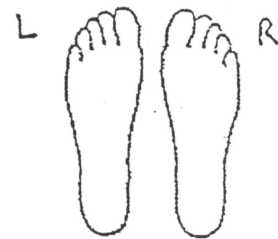
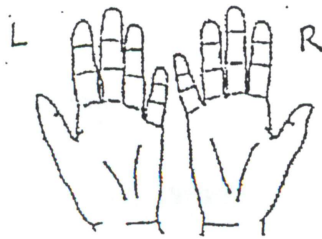
YOUR MAIN MEDICAL COMPLAINT TODAY IS:

PAIN DRAWING:

Please fill this out as carefully as possible. This will help the doctor(s) to better understand where and why you are hurting.

Using the drawings and descriptions below, circle the area(s) where you feel pain or sensations and mark the area within the drawing. If these feelings are spreading to other areas please use arrows to show where and in what direction the pain or sensation is moving.

<p style="text-align: center;">FRONT</p>  <p style="text-align: center;">RIGHT LEFT</p>	<p>A=Aching B=Burning C=Clicking, Popping, Snapping G=Grating/Grinding N=Numbness P=Pins-and-Needles S=Sharp, Stabbing T=Throbbing W=Weakness</p>	<p style="text-align: center;">BACK</p>  <p style="text-align: center;">LEFT RIGHT</p>
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CLAIMANT'S SIGNATURE:

DATE: