

**TULSA BONE & JOINT ASSOCIATES
RICHARD D. THOMAS, M.D.**

HISTORY OF PRESENT ILLNESS FOR BACK AND NECK PAIN
This form will greatly aid the physician in your health care.

Patient Name: _____ Age: _____ Date: _____

On the following diagram, mark the areas on your body where you feel the following sensations:
(Mark the diagram using the following symbols)

Ache
÷ ÷ ÷ ÷

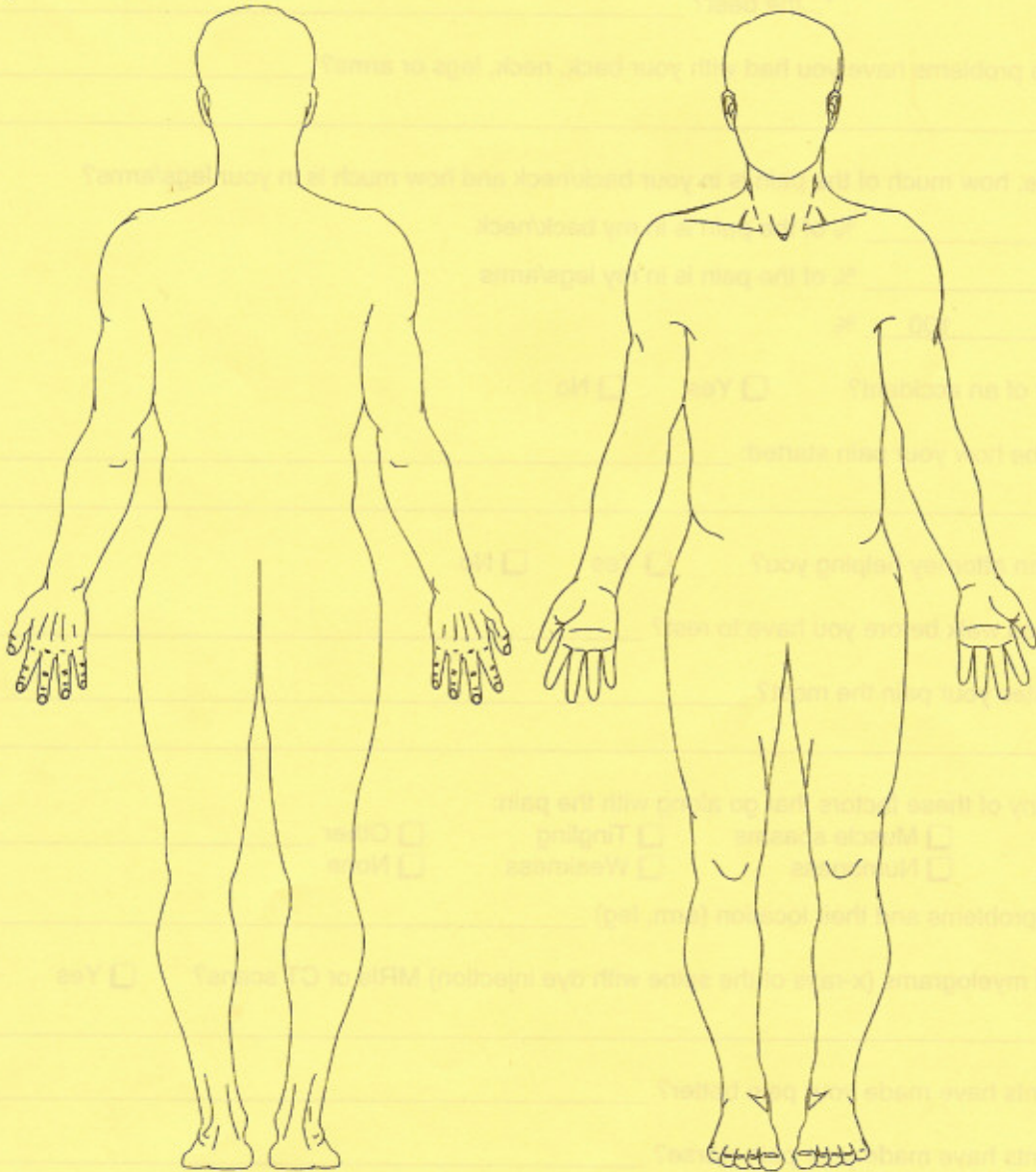
Numbness
= = = =

Pins & Needles
o o o o

Burning
X X X X

Stabbing
///

Please use this symbol for where the pain first started ^ ^ ^ ^



BACK

FRONT

OVER →

FOR OFFICE USE ONLY

Date	Age	Height	Weight

Date	Age	Height	Weight

