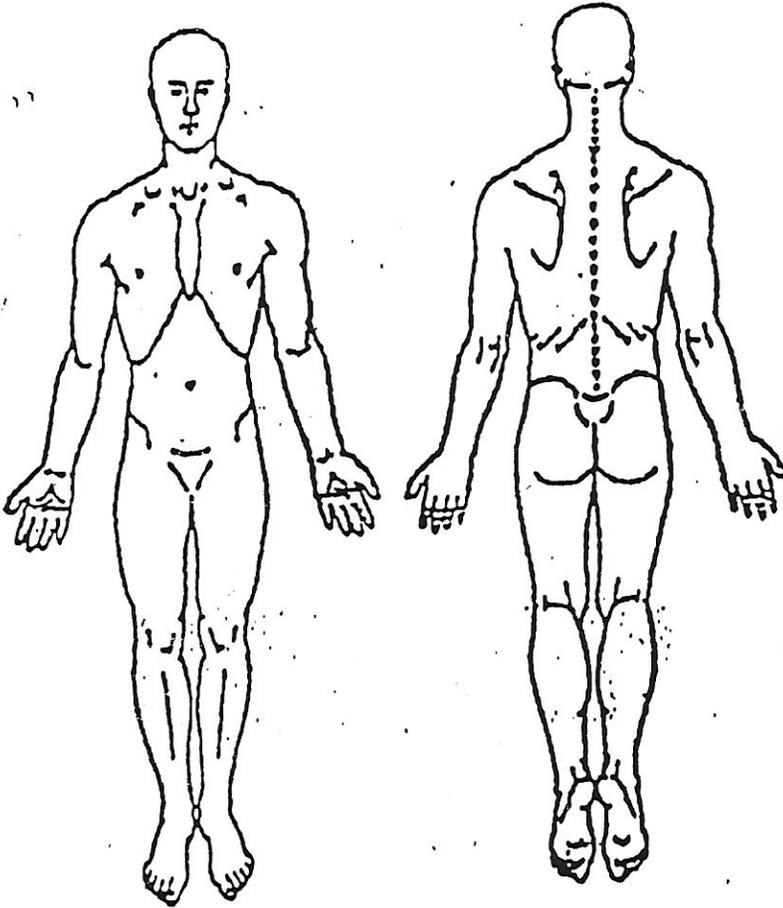


PLEASE INDICATE BELOW WHERE YOUR SYMPTOMS ARE LOCATED.



KEY:	
Numbness	====
Pins & Needles	000000
Burning Pain	xxxxxxx
Stabbing Pain	////////

IF YOU ARE HAVING PAIN, PLEASE RATE THE INTENSITY OF YOUR PAIN ON A SCALE OF 0 TO 10, WITH 0 BEING NO PAIN AND 10 BEING THE WORST PAIN POSSIBLE \_\_\_\_\_.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date