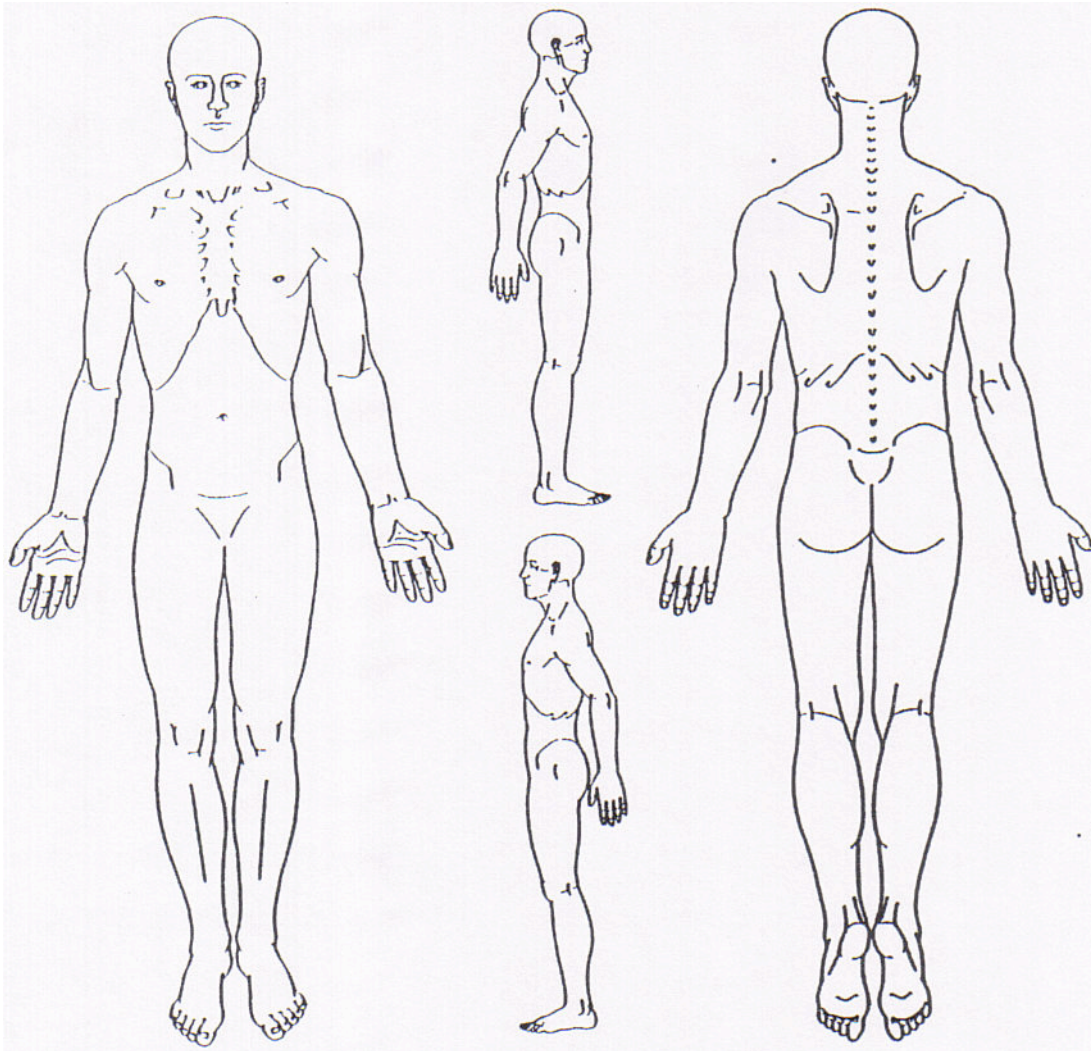


PAIN DRAWING ASSESSMENT

Draw the location of your pain on the body outlines using the appropriate symbol. Include all affected areas. Mark the severity of your pain at the bottom of the page.

ACHE	BURNING	NUMBNESS	PINS & NEEDLES	STABBING
ZZZ	BBB	XXX	===	///
ZZZ	BBB	XXX	===	///



NO PAIN 1 2 3 4 5 6 7 8 9 10 INTOLERABLE PAIN
 CIRCLE YOUR PAIN ESTIMATE

I understand and agree that health and accident Insurance policies are an arrangement between an insurance carrier and myself. Furthermore, I understand that the doctor's office will prepare any necessary reports and forms to assist me in making collection from the insurance carrier, and that any amount authorized to be paid to the doctor's office will be credited to my account on receipt. However, I clearly understand and agree that all services rendered me are charged directly to me and that I am personally responsible for payment. I also understand that if I suspend or terminate my care at this office, any outstanding charges for professional services rendered me will be immediately due and payable.

Patient's Signature _____ SS# _____ Date _____

Guardian or Spouse's Signature Authorizing Care _____ Patient # _____