

**TRUCARE HEALTH MEDICAL CENTER
FOR
INTEGRATIVE, FUNCTIONAL MEDICINE, & WELLNESS**

PAIN ASSESSMENT



TruCare Health

Date: _____

First Name: _____ Middle: _____ Last: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) ____-____ Work (____) ____-____ Cell (____) ____-____

Email _____

Age _____ Date of Birth ____/____/____

PAIN ASSESSMENT

Are you currently in pain? Yes ___ No ___

Is the source of your pain due to an injury? Yes ___ No ___

If yes, please describe your injury and the date in which it occurred: _____

If no, please describe how long you have experienced this pain and what you believe it is attributed to: _____

Please List and Rate the severity of your pain.

(0= no pain, 10= severe pain)

Example: List Area of Pain: **Neck**

0 1 2 3 4 5 (6) 7 8 9 10

List Area of Pain _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain. _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain. _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain. _____ List Area of Pain. _____
1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10

List Area of Pain _____ List Area of Pain. _____

1 2 3 4 5 6 7 8 9 10

1 2 3 4 5 6 7 8 9 10

List Area of Pain. _____

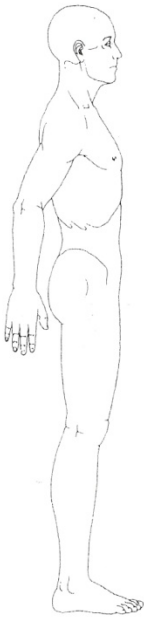
List Area of Pain. _____

1 2 3 4 5 6 7 8 9 10

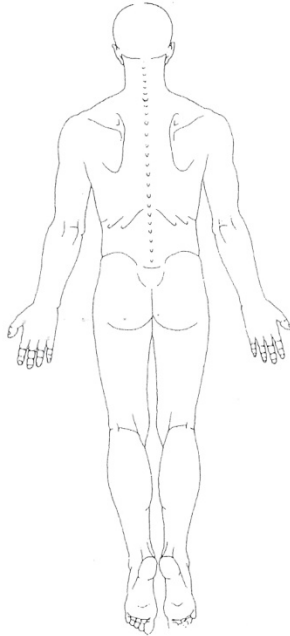
1 2 3 4 5 6 7 8 9 10

Use the following letters provided to mark your area(s) of pain on the illustration.
Example: Place an **A** on the left shoulder to indicate an Ache you are currently experiencing

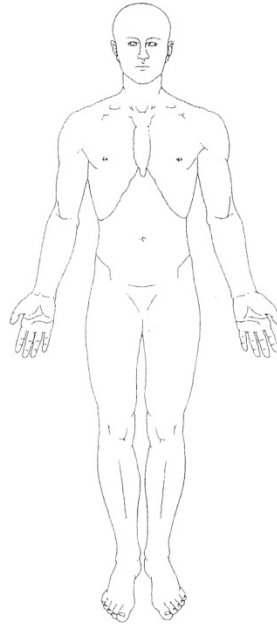
A = ache **B**= burning **N**=numbness **S**= stiffness **T**=tingling **Z**=sharp/shooting



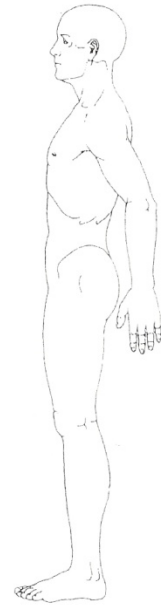
Right Side



Back



Front



Left side

Is there anything that you would like to discuss with the doctor that you feel you cannot indicate here?
Yes _____ No _____

Thank you for taking the time to complete this pain assessment. The information derived from these forms will provide invaluable data in identifying the underlying problems of your health concerns rather than simply treating the symptoms alone.

We continue to look forward to helping you achieve lifelong health and wellbeing.

Sincerely,

Your TruCare Health Team

