

NEW OUCH FORM

Name _____ PT# _____ Date _____

OUCH INFORMATION

Please list any new problems _____

Where is the pain? _____

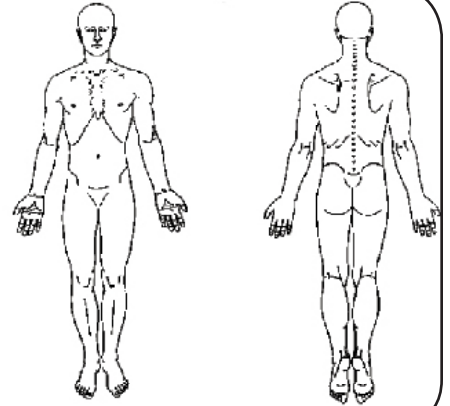
When did it start? _____

What were you doing when you first noticed it? _____

OUCH DIAGRAM

On the Diagram to the right, please indicate where you are experiencing pain or other symptoms.

A = Ache **B** = Burning
N = Numbness
P = Pins & Needles
S = Stabbing
O = Other



PAIN SCALE

Please circle the number that best describes your pain

0 **1** **2** **3** **4** **5** **6** **7** **8** **9** **10**
NONE SLIGHT MODERATE SEVERE