

Name: _____ Date: _____

Please Circle the face that best describe the hurt/pain you're experiencing.

Face 0 doesn't hurt at all. Face 1 hurts just a little bit. Face 2 hurts a little bit more. Face 3 hurts even more. Face 4 hurts a whole lot. Face 5 hurts as much as you can imagine, although you don't have to be crying to have the worst pain.

Wong-Baker FACES Pain Rating Scale



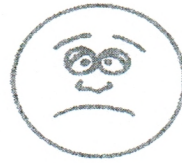
0
No Hurt



1
Hurts
Little Bit



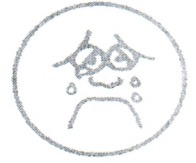
2
Hurts
Little More



3
Hurts
Even More



4
Hurts
Whole Lot



5
Hurts
Worst

Patient Medical History

Name: _____ Date: _____

Referring Physician: _____ Family Physician: _____

Please List or Attach your current Medication list with Name of medication, dosage, and reason for taking medication.

Do you **NOW** have any of the following?

	YES	NO		YES	NO
Asthma, Bronchitis or Emphysema	___	___	Severe or Frequent Headaches	___	___
Shortness of Breath/chest Pain	___	___	Numbness or Tingling	___	___
High Blood Pressure	___	___	Dizziness or Fainting	___	___
Epilepsy/Seizures	___	___	Bowl or Bladder Problems	___	___
Thyroid Disease or Goiter	___	___	Weakness/ Energy Loss	___	___
Anemia	___	___	Weight Loss/Gain	___	___
Diabetes/ Type_____	___	___	Any Pin or Medal Implants	___	___
Arthritis/ Where_____	___	___	Emotional/Psychological	___	___
Osteoporosis	___	___	Are you Pregnant?	___	___
Sleeping Disorders	___	___	Do you smoke?	___	___

Have you **EVER** had any of the following?

	YES	NO		YES	NO
Coronary Heart disease or Angina	___	___	Vision or Hearing Difficulties	___	___
Do you have a Pacemaker	___	___	Hernia	___	___
Heart Attack/Surgery	___	___	Varicose Veins	___	___
Stroke/TIA	___	___	Allergies	___	___
Congestive heart disease	___	___	Joint Replacement Surgery	___	___
Blood Clot/Emboli	___	___	Neck Injury/Surgery	___	___
Infectious Disease	___	___	Back Injury/Surgery	___	___
Cancer/Type_____	___	___	Shoulder Injury/Surgery	___	___
Gout	___	___	Knee Injury/Surgery	___	___
Ankle/foot injury/Surgery	___	___	Elbow/Hand injury/Surgery	___	___

List any other information that would assist us in your care: _____
