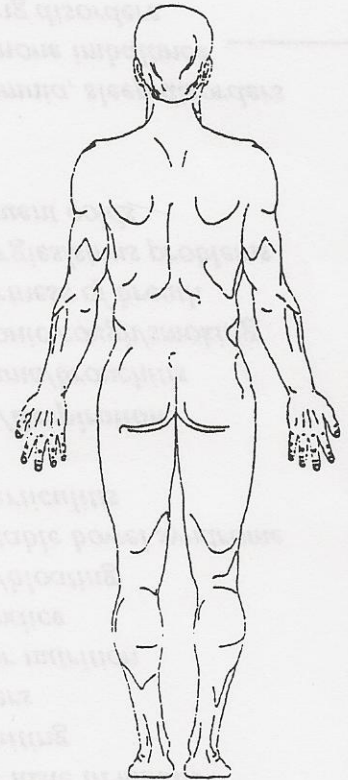
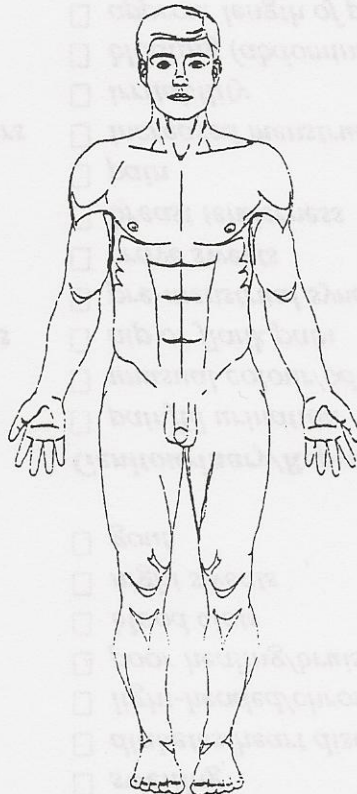


# Rehabilitation Status Report

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Circle areas of pain  
Cross areas of joint and muscle stiffness  
Draw lightning over areas of numbness or tingling



## Additional Information:

Please expand on your above illustrations here by listing:

- 1) the location (be specific about where the pain is. Example: over the right eye)
- 2) the intensity of the pain (mild, moderate, or severe?)
- 3) the frequency (the pain is constant, intermittent, or seldom occurs now)
- 4) the duration (the pain lasts for "x" number of minutes, hours, days, weeks)
- 5) what further aggravates or relieves the pain (heat, ice, rest, exercise, therapy, medication)

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