

**JPT®****JAMAICA PHYSICAL THERAPY P.C.***"Where Quality And Effective Treatment Count" sm*

Pain Diagram

PRESENT SYMPTOMS

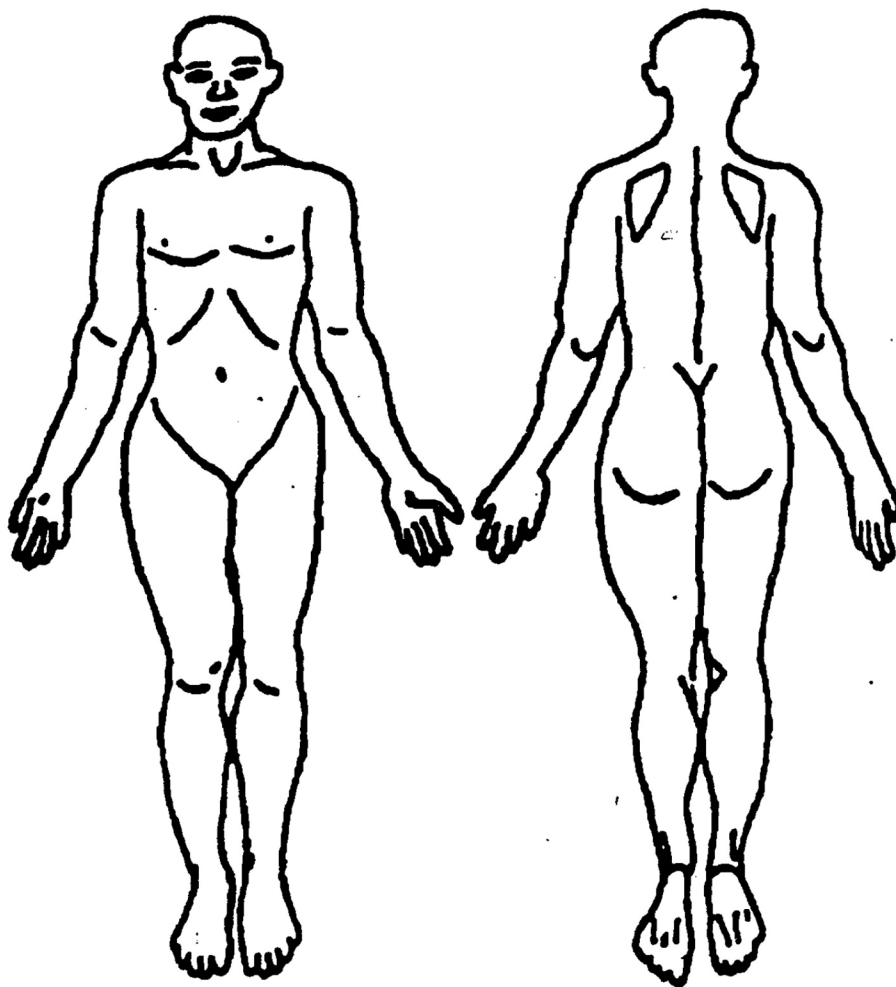
☐ Headaches☐ Dizziness☐ Blurred Vision☐ Nausea & Vomiting

PAIN

☐ Neck☐ Chest☐ Abdomen☐ Flank☐ Difficulties walking☐ Limp☐ Others:(specify) _____

Right side

Left side

☐ Jaw☐☐☐ Shoulder☐☐☐ Arm☐☐☐ Elbow☐☐☐ Wrist☐☐☐ Hands☐☐☐ Mid back☐ Lower back☐ Hip☐ Lower extremity☐ Thigh☐ Knee☐ Ankle☐ Foot☐☐

SENSATION

☐ Tingling(pins and needles)☐ Arm☐ Hand☐ Foot☐ Toes☐ Others:(specify) _____☐ Numbness☐ Arm☐ Hand☐ Foot☐ Toes☐ Others:(specify) _____

**HAVE YOU BEEN TO ANOTHER FACILITY FOR PHYSICAL
THERAPY THIS YEAR?**

YES ☐ **NO** ☐

OR/ AND

**IF THIS IS A WORKERS' COMPENSATION CASE, HAVE YOU
HAD ANY PHYSICAL THERAPY UNDER YOUR CURRENT
CLAIM?**

YES ☐ **NO** ☐

IF YES, HOW MANY VISITS?

NUMBER OF VISITS