



# Premier

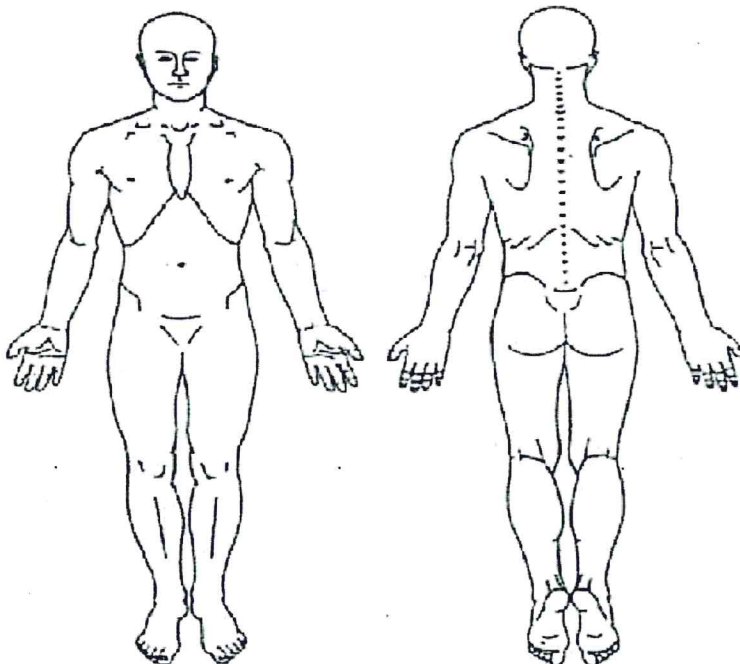
## ORTHOPAEDICS

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

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

On the **Body Diagram** below using the **key to the right**, please indicate where your symptoms are located at the present time.



XXXXX	PAIN
OOOO	NUMBNESS
/////	WEAKNESS

Location	Pain %
Back	
Leg(s)/Buttock	
Neck	
Arm(s)	

Do you have weakness at the present time? YES NO

Where is your weakness located? \_\_\_\_\_