ASH Initial Evaluation Form

Name: _____ Date: _____

Height: _____ Weight: _____ Blood Pressure: _____/_____

Current Pain Complaints (ie low back, knee, etc):

1. _____: no pain – 0 1 2 3 4 5 6 7 8 9 10 – unbearable pain

How often symptom present: Never: 0% Occasionally: 25% Sometimes: 50% Often: 75% Constantly: 100%

2. _____: no pain – 0 1 2 3 4 5 6 7 8 9 10 – unbearable pain

How often symptom present: Never: 0% Occasionally: 25% Sometimes: 50% Often: 75% Constantly: 100%

3. _____: no pain – 0 1 2 3 4 5 6 7 8 9 10 – unbearable pain

How often symptom present: Never: 0% Occasionally: 25% Sometimes: 50% Often: 75% Constantly: 100%

When did symptoms start? _____

_____

What daily activities do your pain complaints interfere with most? _____

_____

_____

List any pain medications: _____

_____

---------- do not write below this line ----------

Tongue: _____

Pulse Left: _____ Right: _____