

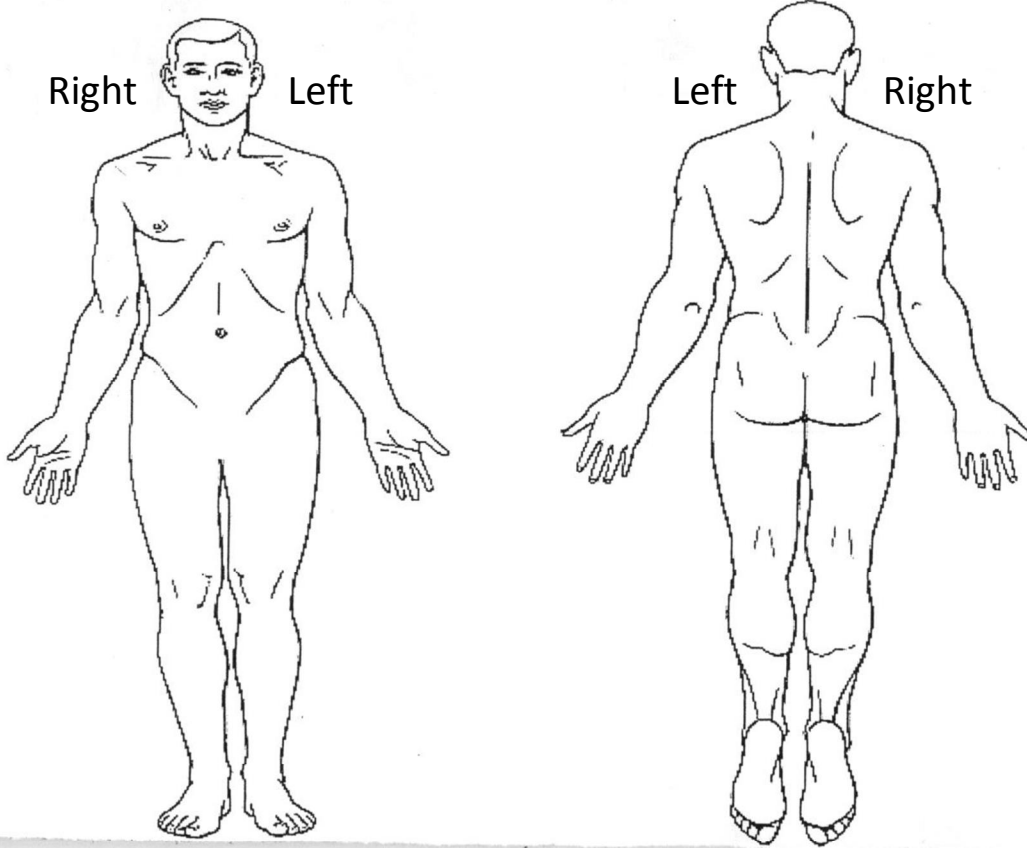


Orthopedic Associates
Orthopedic Surgery and Sports Medicine
Flower Mound – Denton
Phone: 972-420-1776

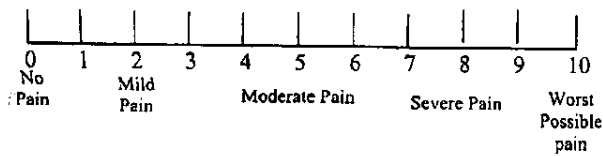
Patient Name: _____

Date of birth: _____ Date: _____

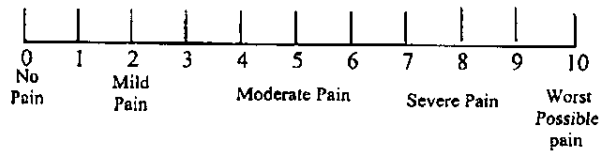
Please mark and "X" on the body part(s) where you have pain.
Mark an "0" on the body parts where you have numbness.



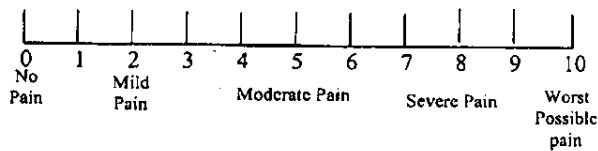
NECK



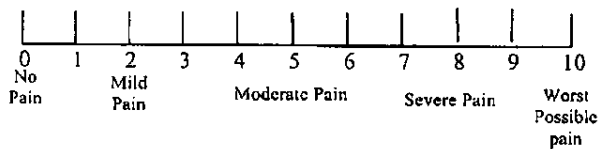
BACK



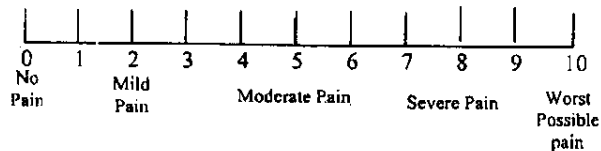
RIGHT ARM



RIGHT LEG



LEFT ARM



LEFT LEG

