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PAIN ASSESSMENT

Are you currently in pain? Yes ___ No ___

Is the source of your pain due to an injury? Yes ___ No ___

If yes, please describe your injury and the date in which it occurred: _____

If no, please describe how long you have experienced this pain and what you believe it is attributed to: _____

Please use the area(s) and illustration below to describe the severity of your pain.
(0= no pain, 10= severe pain)

Example: Neck
0 1 2 3 4 5 **6** 8 9 10

Area 1. _____
1 2 3 4 5 6 7 8 9 10

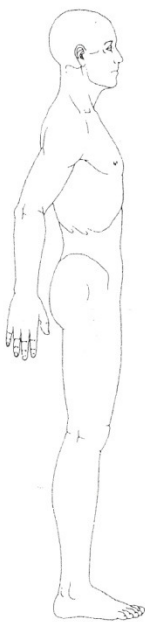
Area 2. _____
1 2 3 4 5 6 7 8 9 10

Area 3. _____
1 2 3 4 5 6 7 8 9 10

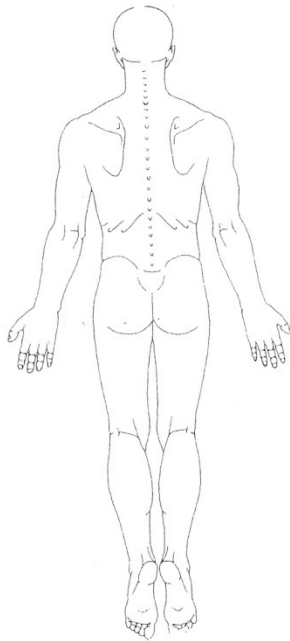
Area 4. _____
1 2 3 4 5 6 7 8 9 10

Use the letters provided to mark your area(s) of pain on the illustration.

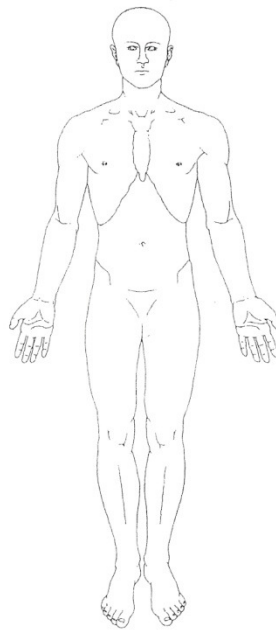
A = ache **B**= burning **N**=numbness **S**= stiffness **T**=tingling **Z**=sharp/shooting



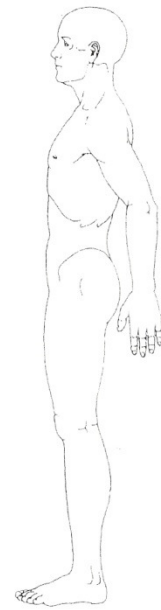
Right Side



Back



Front



Left side