CBJD

THE CENTER FOR BONE & JOINT DISEASE

Patient Name: _____

Date: _____

Dr. Alexander Pappas D.P.M, FACFAS Established Patient Pain Drawing

Please use the diagrams below to pin point with an "X" where your pain is located:

Top of Feet | **Bottom of Feet** | **Back of feet**

Right **Left** **Right** **Left** **Left** **Right**

Please circle the type of pain you are having. If you have no pain, please circle "NONE".

Sharp electric dull & aching shooting burning

throbbing cramping numbness tingling

NONE

Please circle your AVERAGE pain level below. With "0" meaning no pain and "10" being the worst pain.

0 1 2 3 4 5 6 7 8 9 10

Have you started or stopped any medications since your last visit? **YES** **NO**

If yes, please list them below:

_____

What percentage improvement would you say you have since your last visit?

No improvement 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

FOR DIABETICS ONLY:

When was your last blood sugar check? (date) _____ Results: _____

When was your last A1C blood test? (date) _____ Results: _____