

Patient Name _____ Date _____

Address _____

Phone Number _____ Email Address _____

Date of Injury/Onset of Symptoms _____ ID# / DOB _____

Instructions

Please print these 2 pages and fill out. Then Fax or Mail or Bring to Wiep for evaluation. Wiep's office is in Altadena/Pasadena.

FAX: 626-797-1709

Mailing Address:

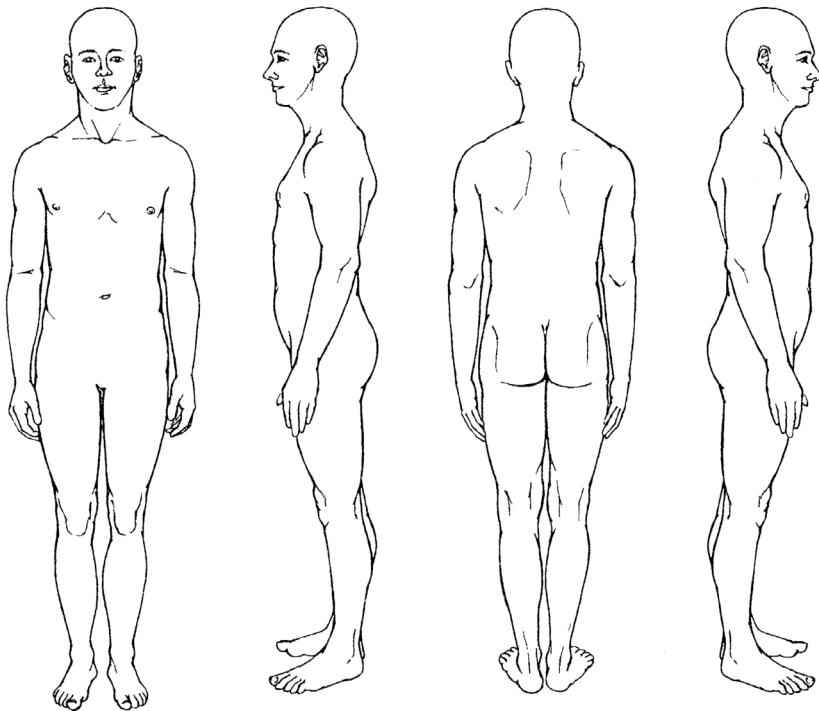
**Muscle Health
647 Devirian Place
Altadena, CA 91001**

A. Draw today's symptoms on the figures:

1. Identify CURRENT symptomatic areas in you body by **marking letters** on the figures below. Use the letters provided in the **key** to identify the symptoms you are feeling.
2. Circle or draw a shape around each letter, representing the size and shape of each symptom location.

KEY

- P = pain or tenderness
- S = joint or muscle stiffness
- N = numbness or tingling



Treatment Date: _____

Wiep's Notes: _____

B. Identify the intensity of your symptoms:

1. **Pain Scale:** Mark a line on the scale to show the amount of pain you are (or have been) experiencing.

No Pain |—————| Unbearable Pain

2. **Activities Scale:** Mark a line on the scale to show the limitations you are (or have been) experiencing.

Can Do Anything I Want |—————| Cannot Do Anything