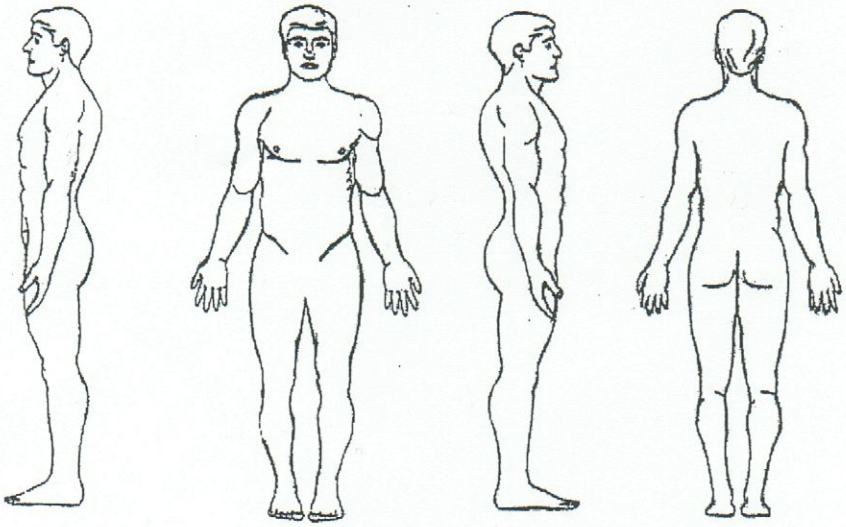
PATIENT'S SUBJECTIVE COMPLAINTS

Please check all the symptoms you are experiencing:

- ☐ Neck pain R L
- ☐ Shoulder pain R L
- ☐ Pain down the arm R L
- ☐ Wrist or hand pain R L
- ☐ Numbness in the arm/hand R L
- ☐ Tingling in the arm/hand R L
- ☐ Weakness in the shoulder/arm R L
- ☐ Weakness in the hand R L
- ☐ Clumsiness in the hand R L
- ☐ Cold hands R L
- ☐ Sweaty palms R L
- ☐ Frequent muscle twitching in the arm R L
- ☐ Cramps/spasms in the arm/hand R L
- ☐ Low back pain R L
- ☐ Hip pain R L
- ☐ Pain down the leg R L
- ☐ Foreleg or foot pain R L
- ☐ Numbness in the leg/foot R L
- ☐ Tingling in the leg/foot R L
- ☐ Weakness in the leg R L
- ☐ Weakness in the foot R L
- ☐ Difficulty walking
- ☐ Cold feet R L
- ☐ Excessively sweaty feet R L
- ☐ Frequent muscle twitching in leg R L
- ☐ Cramps/spasms in leg/foot R L
- ☐ Loss of balance
- ☐ Fatigue
- ☐ Impotency
- ☐ Numb/tingle in groin
- ☐ Bladder incontinence
- ☐ Bowel incontinence
- ☐ Fascial symptoms:
- ☐ Other:
- ☐ Other:



Mark your symptoms on the figures

Shade in areas of pain, numbness, tingling, or pins and needles

Do your symptoms occur on the
❑Right ❑Left ❑Both sides?

When did your symptoms start?_____

Symptoms are: Better Worse Same

Were your symptoms the result of an injury? Yes No

If yes, explain _____

_____

Patient Signature: _____ **Date:** _____

EDX Doctor's Notes

EDX Doctor's Signature: _____ **Date:** _____