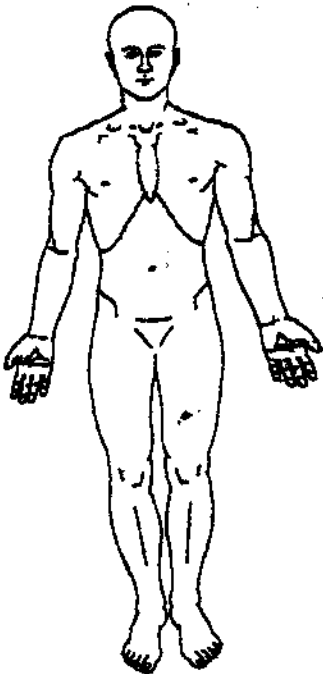
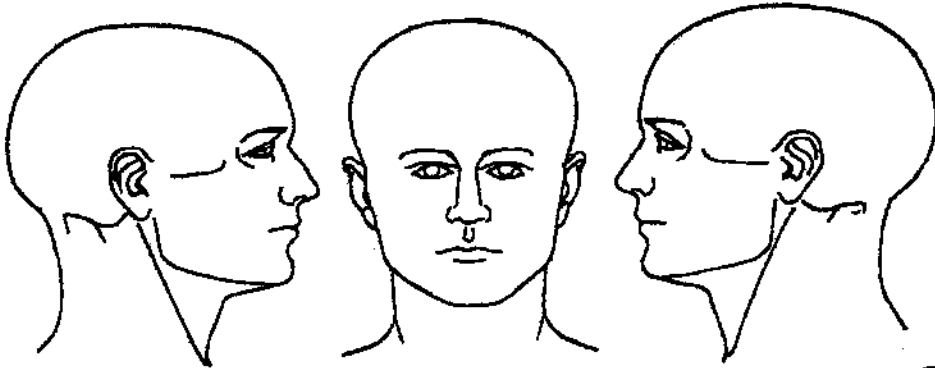


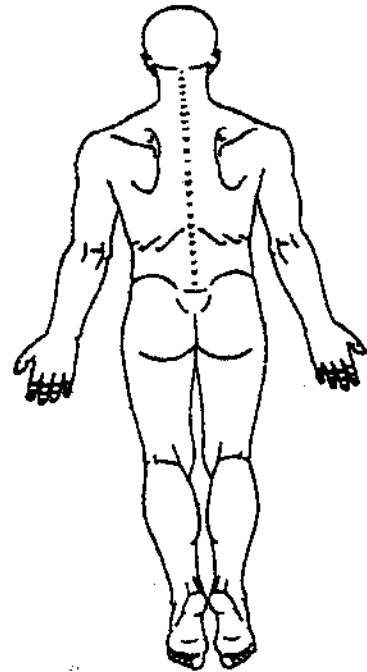
CONFIDENTIAL PATIENT HISTORY



DRAW YOUR PATTERN OF PAIN

Draw the area of most intense pain darkest.

Draw the area of mildest pain lightest.



I verify that all information contained within these pages is true and accurate.

Patient's Signature

Date