

SYMPTOM SURVEY

DATE: _____

PATIENT SIGNATURE _____

Please circle the below injuries you directly suffered from your accident and that you are now feeling since the accident:

1. headaches
2. neck pain
3. middle back pain
4. lowback pain
5. shoulder pain, right left
6. arm pain, right left
7. leg pain, right left
8. numbness/tingling of hand, right left
9. numbness/tingling of leg or foot, right left
10. other _____

COMMENTS:

PATIENT SIGNATURE _____