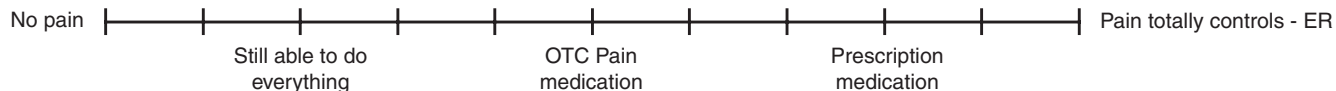
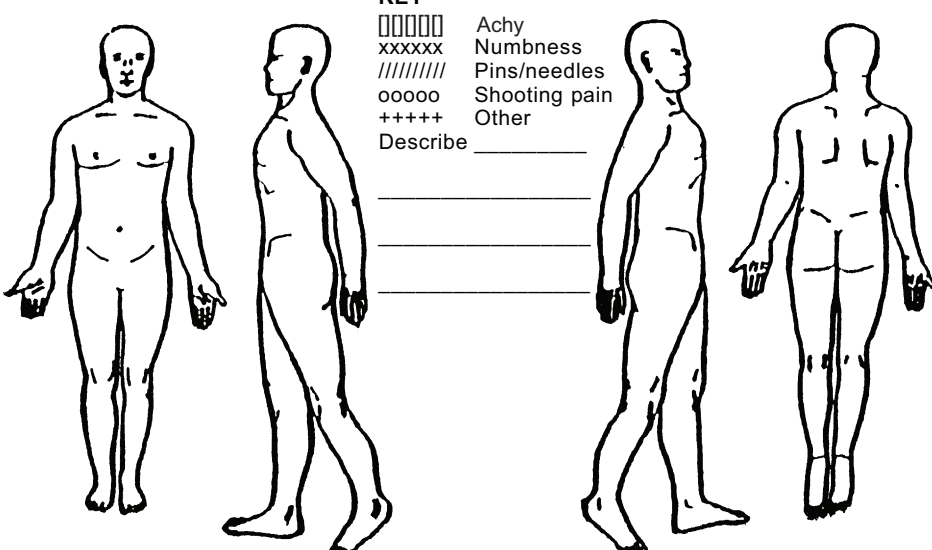


MARK AN "X" TO GRADE YOUR PAIN LEVEL



D. DESCRIPTION OF YOUR PAIN

There are many words that describe pain. Some of these words are grouped below. If you are experiencing any pain, circle any word(s) that describe your pain.

Tender Throbbing Shooting Stabbing Sharp Pinching Pulling Burning Dull Cramping Intense Tingling	Aching Sore Heavy Tiring Sickening Terrifying Grueling Annoying Unbearable Numb Cold Other _____	<p style="text-align: center;">If you have pain or numbness, please shade or circle areas on chart showing where it is.</p> <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 20px;"> <p>KEY</p> <p>□□□□□ Achy</p> <p>xxxxxx Numbness</p> <p>///////// Pins/needles</p> <p>ooooo Shooting pain</p> <p>+++++ Other</p> <p>Describe _____</p> <p>_____</p> <p>_____</p> </div>  </div>
<p>ACCOMPANYING SYMPTOMS:</p> Nausea Headache Dizziness Drowsiness Constipation Diarrhea	<p>SLEEP:</p> Good Restless Can't Sleep <p>FOOD INTAKE :</p> Good Some Little None	

E. PAST HISTORY

Have you ever had anything similar before? Yes No If no, skip to **F. PAST MEDICAL HISTORY** on page 4.

If yes, explain _____



Health Goals Questionnaire

Prairie Rehabilitation is committed to assisting each individual improve his/her overall health. Please fill out this health goals questionnaire to assist us with meeting your potential needs.

Goals for my current therapy program:

- Pain Relief
- Improve Mobility
- Improve Strength
- Ongoing exercise program for current condition
- Other: _____

I'm currently interested in the following areas:

- Losing weight and/or exercising more
- Decreasing need for medication
- Improving the quality of my sleep
- Increasing my energy levels
- Adding more muscle, strength and flexibility
- Improving my nutrition balance/food quality
- Learning techniques to develop healthy habits
- Understanding my health numbers (blood pressure, cholesterol, BMI, etc.)

Yes! I am interested in a complimentary meeting with a personal health coach to discuss my goals and help develop a personalized action plan.

If yes, what day and time would work best for you to meet? (Select all that apply.)

- Monday Tuesday Wednesday Thursday Friday
- 7am - 10am 10am - 1pm 1pm - 4pm 4pm - 7pm

Contact Information:

Name: _____

Phone: _____

Email: _____