

Fullerton School District SHOW US WHERE IT HURTS

Instructions: Employee will complete form presenting it to the doctor at the time of first visit to the clinic.

Date Reported: _____ Date of Injury: _____

Employee Name: _____ Location/School: _____

Are you currently going to physical therapy? Yes No

Are you taking any pain medication? Yes No

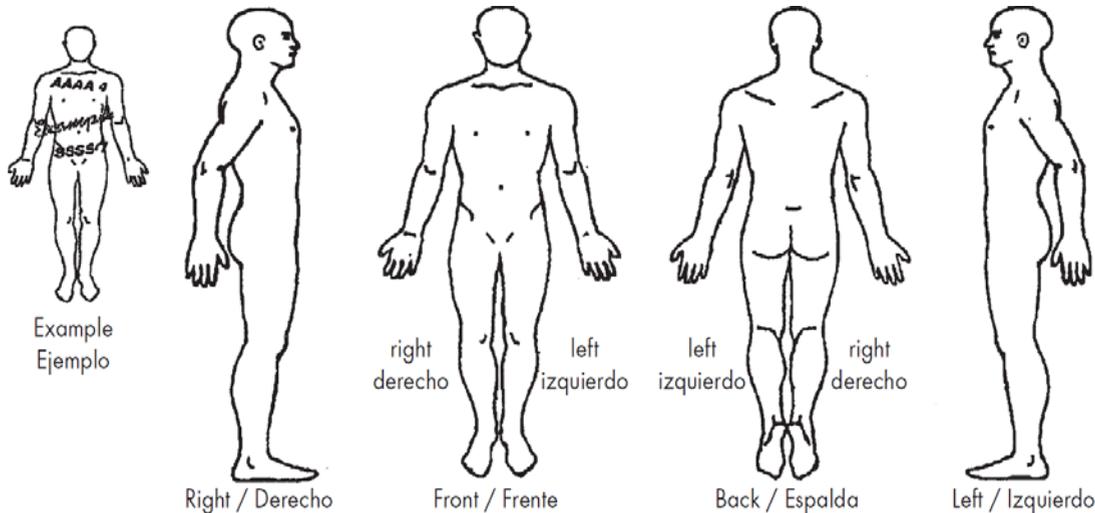
Are you taking any other medication? Yes No

If yes, please list all medications: _____

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description of Pain Symptoms

Numbness	Pins & Needles	Burning	Aching	Stabbing
NNNN	PPPP	BBBB	AAAA	SSSS



Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Completed form must be maintained in Employee Injury File