

## Pain/skin form

Please circle appropriate issues and add extra detail if possible

<b>Details in own words:</b>							
What events triggered this:							
How's it changed?							
Previous treatments:							
<b>How does it limit you?</b>							
<b>Medication/ Supplements:</b>	<b>Qty:</b>			<b>How long:</b>			
<b>Character:</b>	sharp	dull	moving	pulling	thumping		
	fixed	burning	contracting				
<b>Better for:</b>	warmth	moving	pressure	loosening clothing	cold	rest	
	food/drink						
<b>Worse for:</b>	warmth	moving	pressure	loosening clothing	cold	rest	
	food/drink						
<b>Frequency:</b>	times a day:	times a week:	times a month:	varies a lot			
<b>Other sensations:</b>	heaviness	numbness	aching	spasms	cramps	weakness	tingling
<b>Improvement:</b> how will you know if it's 25% better?							

Please show areas of the body affected:

