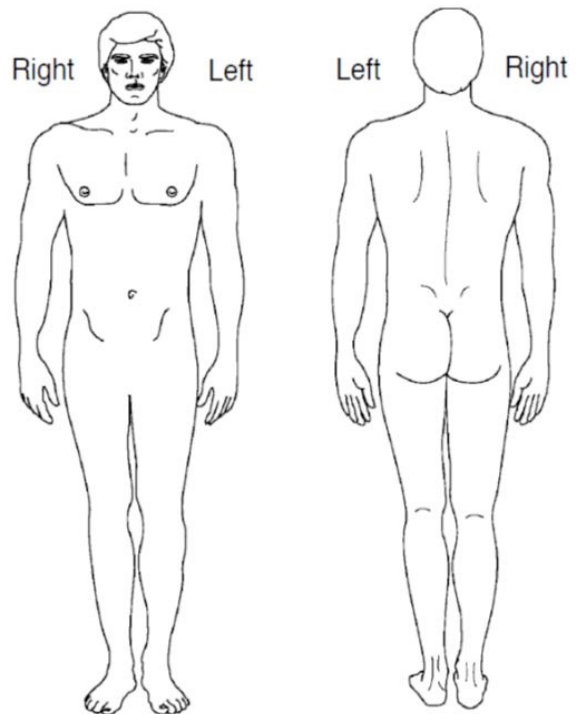


Electrodiagnostic Intake Form

Name: _____

Use this diagram to indicate the **location and type** of your pain/numbness/tingling. Mark the drawing with the following letters that best describe your symptoms:

- “N” = numbness
- “S” = stabbing
- “B” = burning
- “P” = pins and needles
- “A” = aching



How long have you had these symptoms (**when did they start**)?

If the **HAND** is involved, which fingers (circle)?

Left: Thumb / Index / Middle / Ring / Little

Right: Thumb / Index / Middle / Ring / Little

If the **FOOT** is involved, which part (circle)?

Left: Outer / Inner / Top / Bottom

Right: Outer / Inner / Top / Bottom

Any **weakness** in the involved body part? Y / N

Any **muscle wasting**? Y / N

Taking **Blood Thinners**? Y / N

Any **NECK** pain? Y / N

Any pain shooting down the arms? Y / N

Any **LOW BACK** pain? Y / N

Any pain shooting down the legs? Y / N

History of **Diabetes**? Y / N

History of **Alcoholism**? Y / N