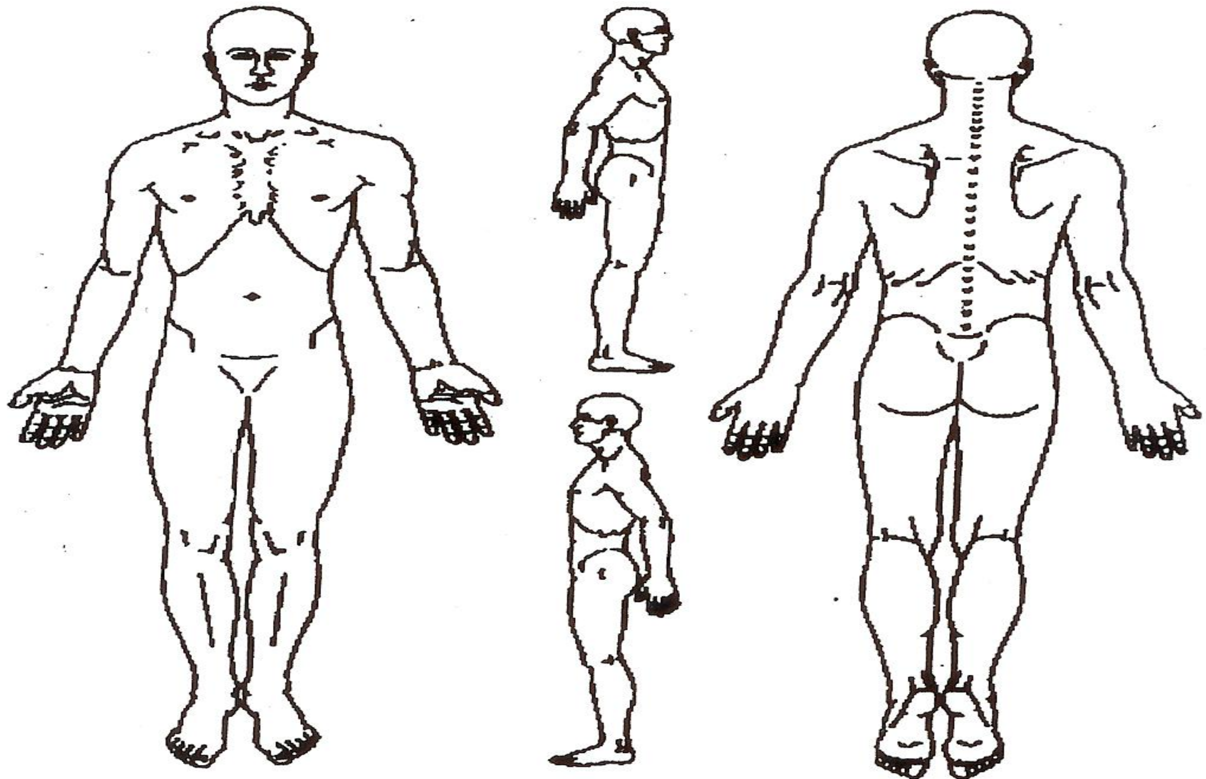
Chinatown Physical Medicine & Rehab, Ltd.
Drs. Gregory Ing & Priscilla Calderone

Pain Drawing

Patient's name: ___________________________ Date: _____________

Patient's signature: ________________________________

On the diagram below, please indicate where you are experiencing pain, as you feel it RIGHT NOW.
Use the appropriate letter(s), mark areas of radiating pain, and include all affected areas.
Please be sure to fill this out extremely accurately.



Chinatown Physical Medicine & Rehab, LTD.
Drs. Gregory Ing & Priscilla Calderone
Red Flag Questionnaire

Date: ____________

Please read carefully:
Please check the appropriate response. If you are not sure, check the "?" box.

NO	YES	?	
☐	☐	☐	Do you have a past history of cancer?
☐	☐	☐	Have you had any unexplained weight loss?
☐	☐	☐	Does your pain fail to improve with rest?
☐	☐	☐	Are you over 50 years old?
☐	☐	☐	Failure to respond to a course of conservative care (4-6weeks)?
☐	☐	☐	Have you had spinal pain greater than 4 weeks?
☐	☐	☐	Prolonged use of corticosteroids (such as organ transplant Rx)?
☐	☐	☐	Intravenous drug use?
☐	☐	☐	Current or recent urinary tract, respiratory tract or other infection?
☐	☐	☐	Immunosuppression medication and/or condition?
☐	☐	☐	History of significant trauma?
☐	☐	☐	Minor trauma in person greater than 50 years old?
☐	☐	☐	Do you have osteoporosis (weak bones)?
☐	☐	☐	Are you over 70 years old?
☐	☐	☐	Any history of prolonged use of corticosteroids?
☐	☐	☐	Acute onset urinary retention or overflow incontinence?
☐	☐	☐	Loss of anal sphincter tone or fecal incontinence (bowel mishaps)
☐	☐	☐	Saddle anesthesia (numbness in the groin region)
☐	☐	☐	Global or progressive muscle weakness in the legs (legs give out)

Comments:____
____

Patient:_______________________________ Examiner:_______________