

SPINE AND SPORT BIOMECHANICAL REHABILITATION CENTER

2816 East Beltline Lane NE • Grand Rapids, MI 49525 • Phone (616) 361-1210 • Fax (616) 361-8662

Patient Name: _____ **Date:** _____

ASSESSMENT OF SHINGLES

Please describe what you are currently experiencing or what you have experienced in the past regarding your complaint / pain:

Is your pain: (please circle) Constant (continuous) Intermittent (on/off hourly) Episodic (on/off morning, noon, night)

What is your current level of pain? (Circle) 1 2 3 4 5 6 7 8 9 10

0 = absence of pain
5 = moderate pain
10 = excruciating

What has your pain range been in the past 30 days? 1 2 3 4 5 6 7 8 9 10

When did first start to experience pain in area of Shingles? _____

Are skin lesions present? YES NO Date lesions appeared: _____ Location: _____

Have you been diagnosed for shingles by a physician? YES NO When: _____

Have you gone to the emergency room for your pain? YES NO When: _____

Have you had chicken pox? YES NO Age: _____ Have you had a Shingles vaccine? YES NO Date: _____

Are you taking medications for Shingles? YES NO If yes, list medications: _____

What, if anything, gives you relief: _____

Have you had any other treatments for Shingles? YES NO List Treatments: _____

List traumas that you have had to the area in which you have symptoms: (falls, car accidents, sports injuries, broken bones, etc.)

Has the area of shingles pain been the same or has it changed, please describe: _____

What activity/lifestyle changes have you made due to Shingles: _____

Is there anything else you feel would be helpful for us to know in regards to your Shingles?

PART B: Body Diagram

Please indicate all areas you are experiencing shingles/shingles symptoms.
Fill in the area on the body diagram with the appropriate symbols below to describe your pain.

Key:

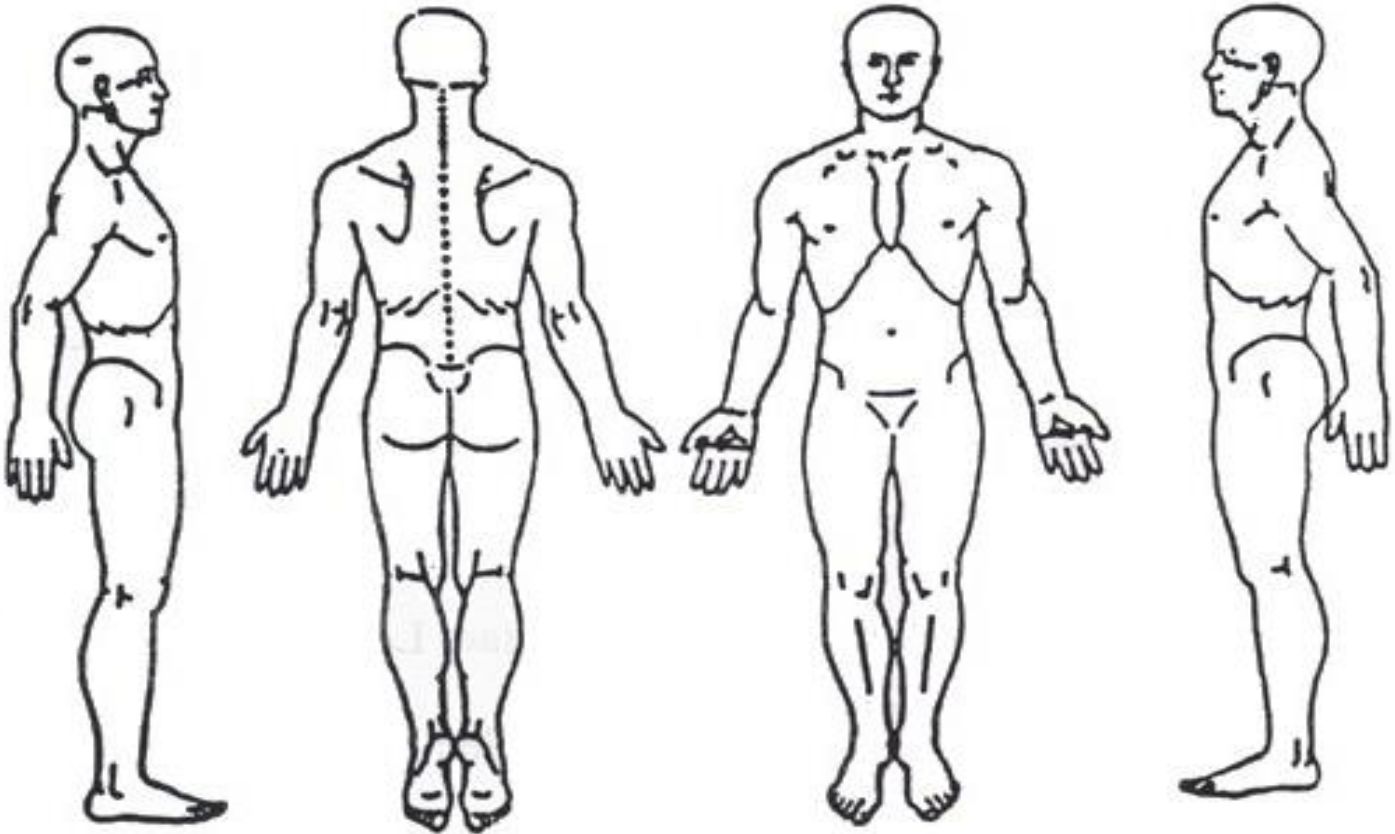
Stabbing: ///

Burning: XXX

Pins and Needles: 000

Numbness: ===

Other: (●●●) _____



PART C: Visual Analogue Scale

Make a slash (/) along the line from the extremes, which you think represents your current pain/discomfort in your major area of injury.

No Pain at All

Pain as Bad As It Could Be

