

CURRENT COMPLAINTS

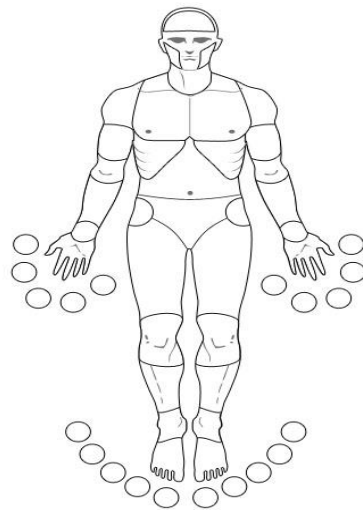
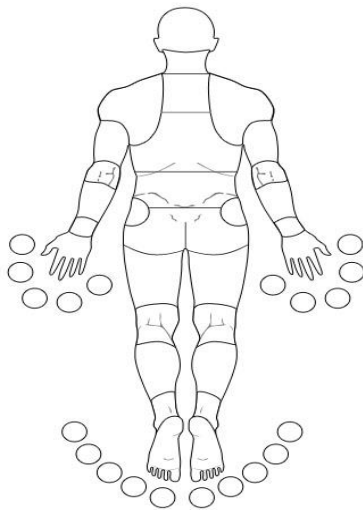
Patient's Name: _____

Date: _____

Please indicate the current complaints you are experiencing by marking the areas on the image below and providing details using the sections that follow.

Place a number of severity next to complaint area using this scale:

- **1-10 where 1 is very mild and 10 is very severe.**



Details about each complaint:

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