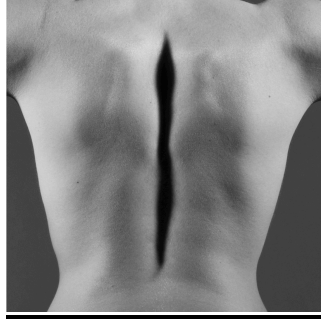


Cohesive Massage Therapy



Pain Level and Assessment Guide

My pain is (please check all that apply)

Constant Sharp Radiating Other _____
Variable Burning Dull Ache Worse in the evening
Worse in the morning Stabbing Worse with activity Worse with emotional Stress

Explain:

Does the pain decrease with: (please check all that apply)

Standing Sitting Position Change Lying Down

Does the injury or illness make you feel (please check all that apply)

Tired Depressed Anxious Hopeless Unhappy Sad Mean Frustrated
Ashamed Shy Angry Tearful Sleepy Weary Embarrassed
Exhausted Manic Suicidal Chaotic Unlovable Stressed Out-of-Control
Guilty Rude Withdrawn Destructive Unworthy Conflicted Defiant
Useless Disgusted Other _____

Please describe your pain: _____

What is your physical Health goal?

What is your mental Health goal?

What is your emotional Health goal?_

Signature: _____ Date:

Thank you for choosing Cohesive management therapy