Hopkins Clinic
6231 66th Street North, Pinellas Park, FL 33781T - (727) 544 3330 F – (727) 544 3221

Briefly describe your problem(s): ____

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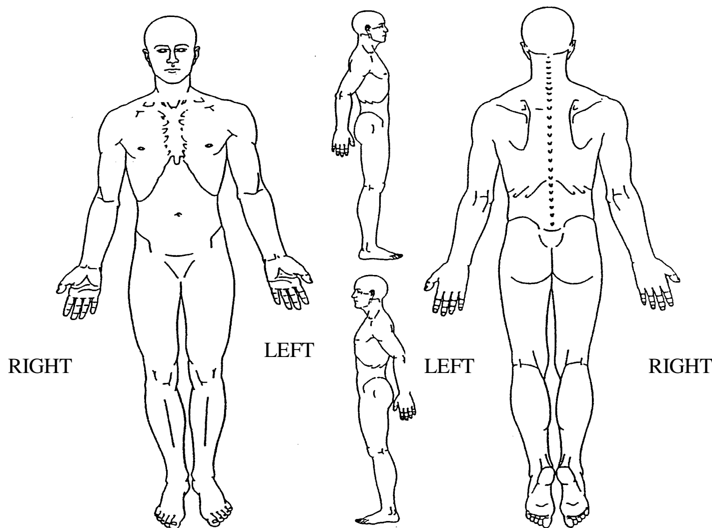
Draw or mark on the picture where you feel pain.
You may write on the picture using words that describe your pain such as: Aches, sore, burning, tingling, numbness, sharp pain, shooting pain, etc.



Describe your complaints below:

Head or Jaw: ________________________

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Neck: ________________________

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Shoulders, arms, hands: ____________

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Mid Back, Chest, Abdomen: __________

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Low back: ________________________

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Hips, legs, knees, feet: ______________

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Other: ________________________

Check the activities below that are difficult or painful to do:

___Hearing	___Dressing	___Squatting	___Sitting
___Seeing	___Typing	___Climbing	___Driving
___Reading	___Writing	___Kneeling	___Riding in car
___Tasting	___Grasping	___Bending	___Plane travel
___Smelling	___Holding	___Twisting	___Sports
___Eating	___Pinching	___Carrying	___Exercising
___Using the phone	___Standing	___Lifting	___Sexual Activity
___Bathing	___Leaning	___Pushing	___Reclining
___Grooming	___Walking	___Pulling	___Restful Sleeping
___Using the toilet	___Stooping	___Reaching	

Other ____

Please tell the doctor about any other concerns not listed above. Welcome to Hopkins Clinic!