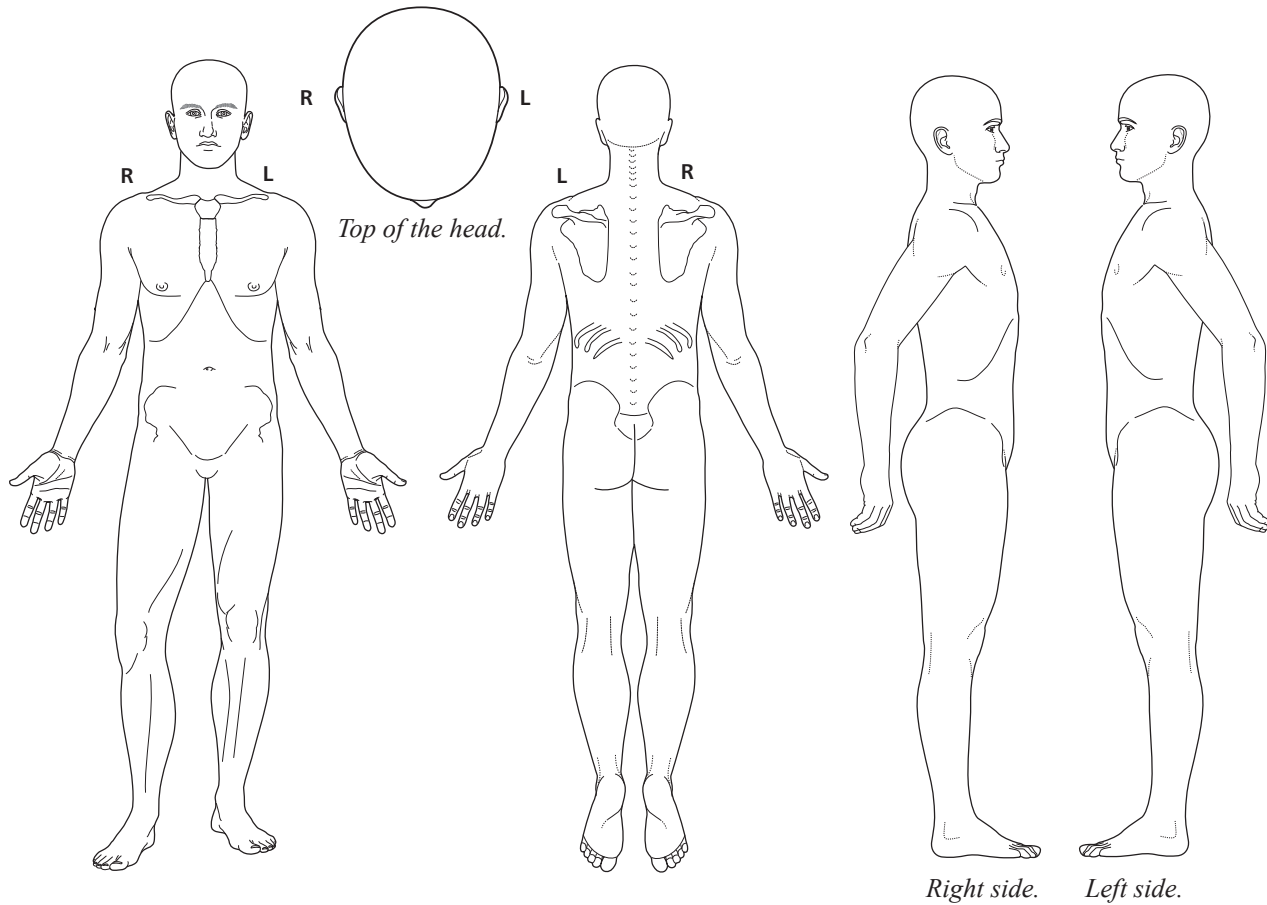


The Referral Pattern Chart 1

Patient: _____ Care provider: _____ Date: _____

blue = pain; yellow = numbness; orange = tingling; green = cramp; purple = tightness



Reason for visit: _____

Most distressing symptoms: _____

Additional patient comments (quality and nature of pain, aggravating factors, what has been tried and results): _____

Changes: _____

Needs (including prescriptions, therapies or tests): _____

Action items (patient and care provider): _____

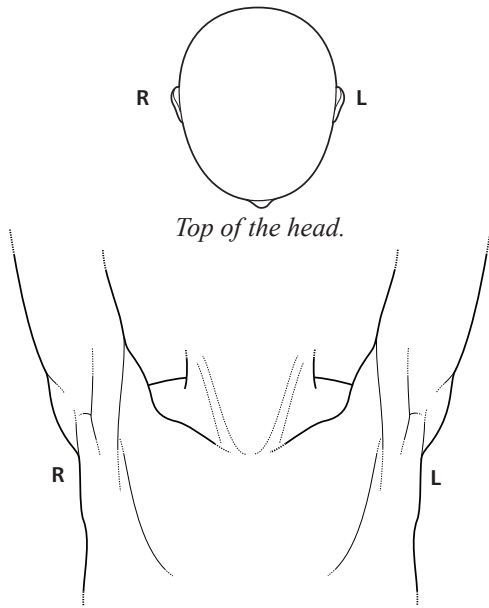
The Referral Pattern Chart 2

Patient: _____

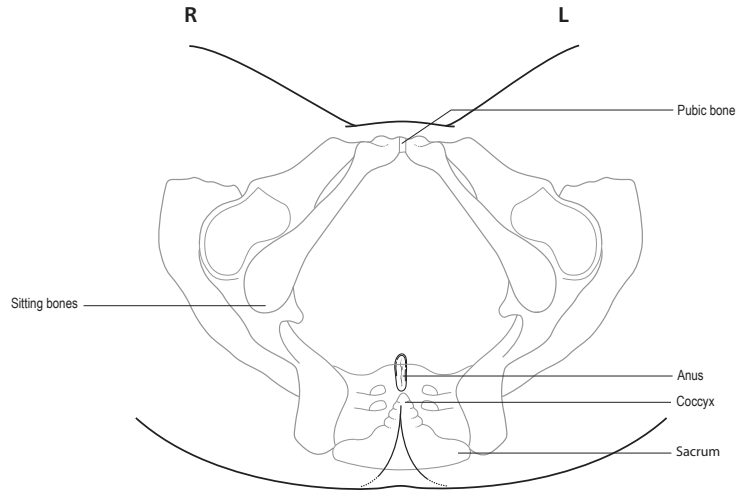
Care provider: _____

Date: _____

blue = pain; yellow = numbness; orange = tingling; green = cramp; purple = tightness



Underarm areas.



Pelvic area.

Additional patient input:

Care provider comments:

Action items patient:

Next visit:

Action items care provider:
