



Circle the area, type, and scale of pain. When it was started & how long?  
The medication you are taking if any?

<ul style="list-style-type: none"> <li>• Burning</li> <li>• Sharp</li> <li>• Aching</li> <li>• Dull</li> <li>• Stabbing</li> <li>• Radiating</li> <li>• Throbbing</li> <li>• Cramping</li> <li>• Shooting</li> </ul>	<ul style="list-style-type: none"> <li>• 燃燒</li> <li>• 鋒利的</li> <li>• 疼痛</li> <li>• 乏味的</li> <li>• 刺</li> <li>• 散熱</li> <li>• 悸動</li> <li>• 抽筋</li> <li>• 射擊</li> </ul>
<b>Scale of Pain</b> <b>1 minor to 10 that affect your normal life</b>	<b>疼痛量表</b> <b>1 次要 10 次影響你的正常生活</b>

You are feel free to descript your pain information to [Dr. Fiona Chan, BHSc., DC](#) of [Unionville Health Centre](#), in person during the Sunday Health Exercise (HEE7) Class. She will freely give an initial recommendation of what exercise is much suitable for you.

Please use the space below to describe your condition if needed.

---



---



---



---

Date: \_\_\_\_\_ You Are: \_\_\_\_\_