



CALENDAR

Please fill out the belo

Username

Password

Confirm password

- January

SAT	FRI	THU	WED	TUE	MON	SUN
7	6	5	4	3	2	1
14	13	12	11	10	9	8
21	20	19	18	17	16	15
28	27	26	25	24	23	22
				31	30	29

Birth Date



REGISTER

Login now



Please fill out the below information:

L Username

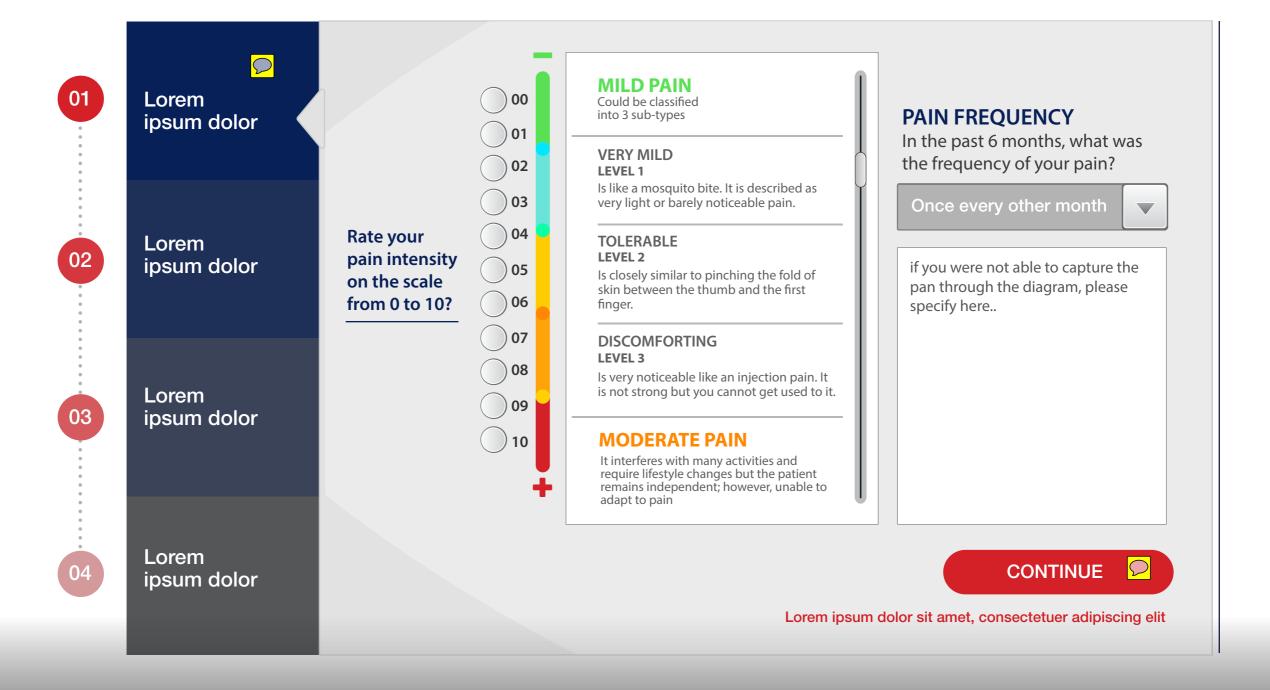
Password

✓ Remember me

LOGIN

Register now

PAIN SCREENING FORM



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ARE YOU TAKING Yes **ANY MEDICINE? PAIN BURDEN** In the past 6 months, how many days of work you missed because of your pain? **PAIN TYPE**

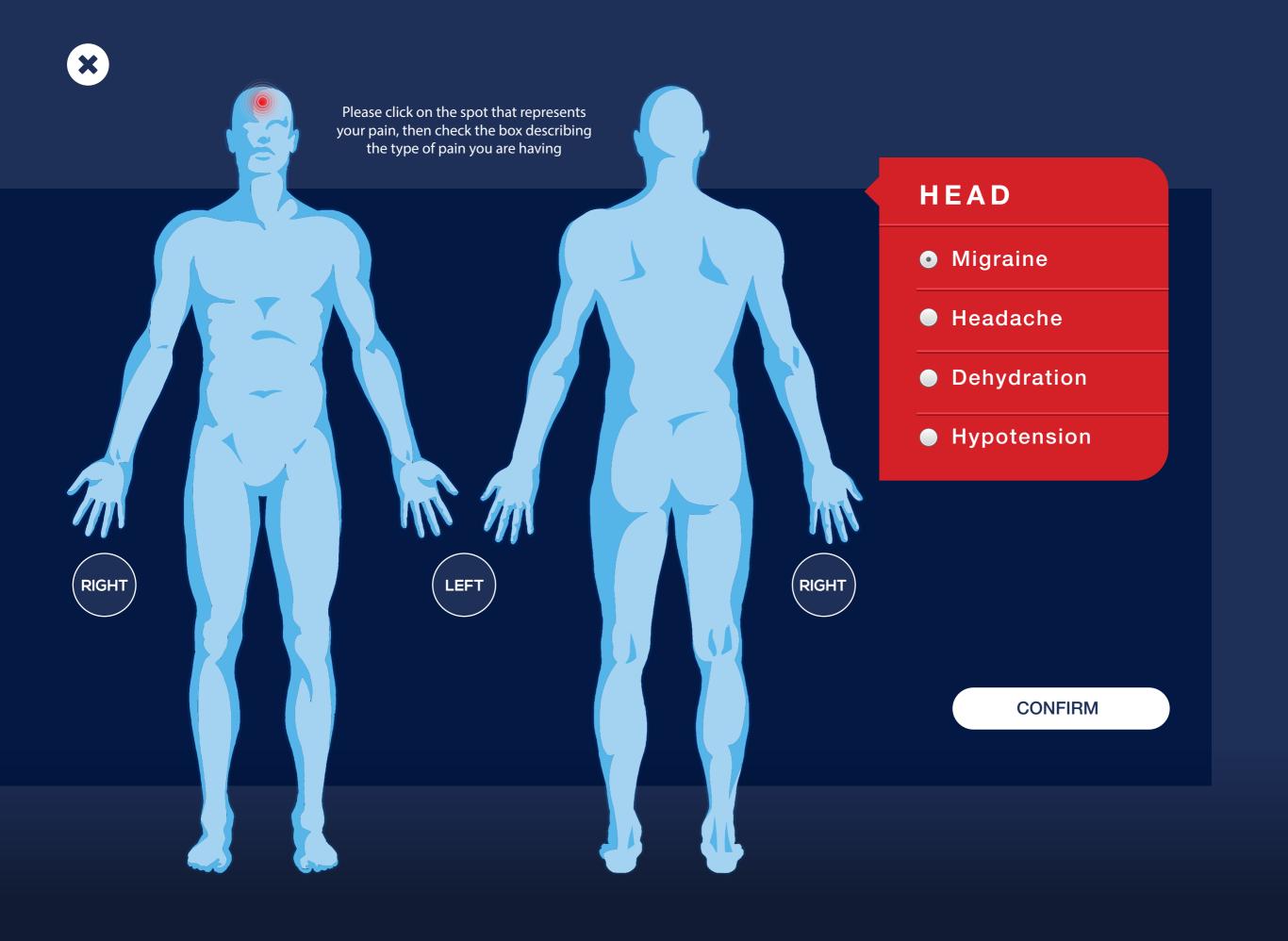
No

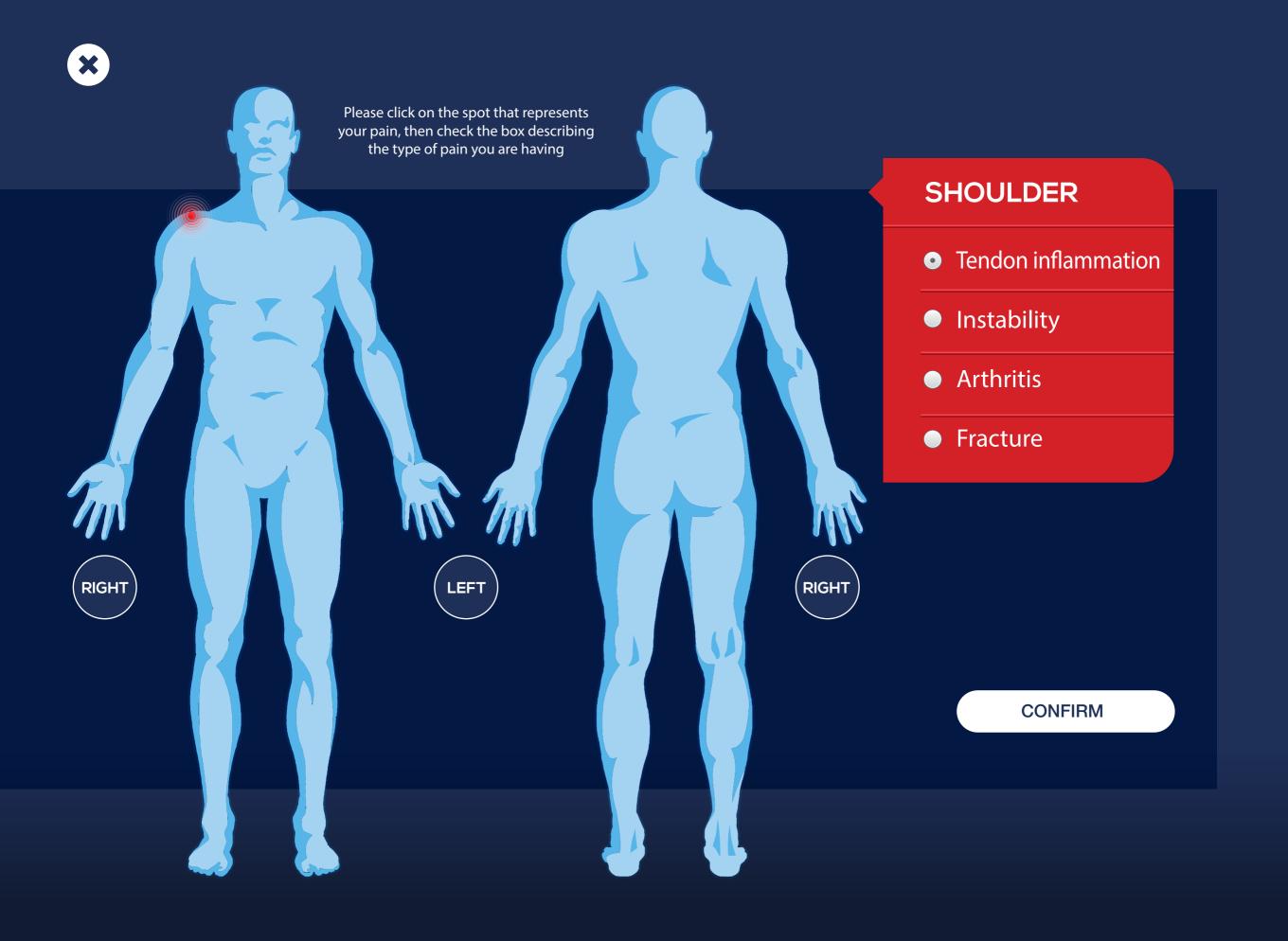
Use the illustration to choose your pain type CLICK HERE

Days

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CONTINUE





01 02 03

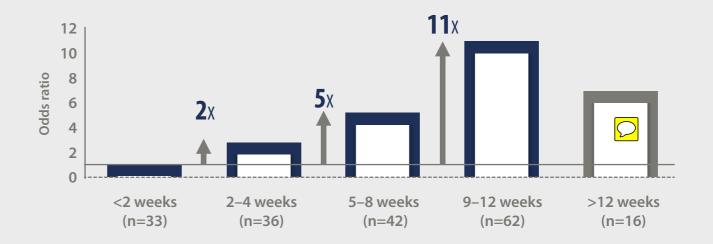
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SAVE



FORM RESULTS

