

# DAILY PROGRESS NOTE

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient's Description of current condition: \_\_\_\_\_

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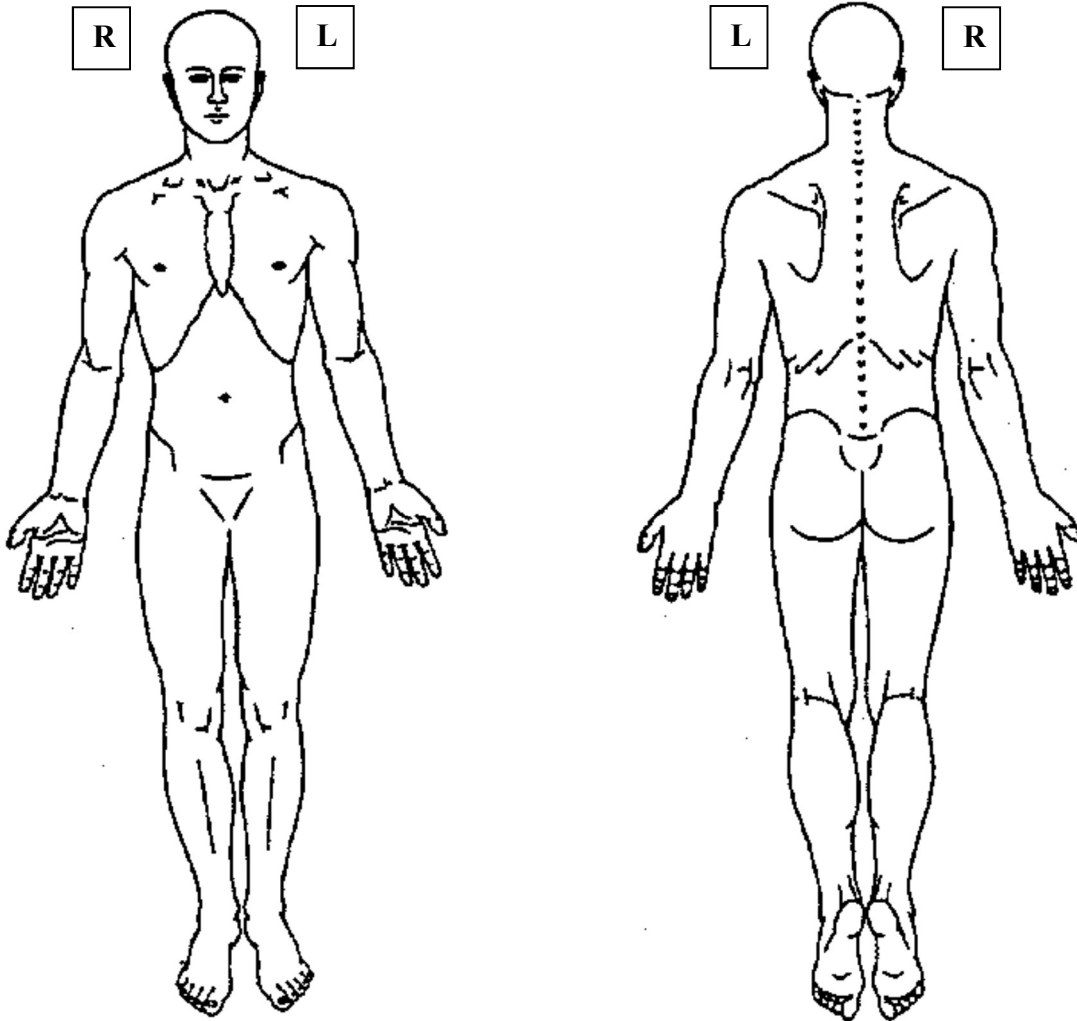
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Please indicate symptom areas on these diagrams and rate the intensity of each area using the following scale:

	None		Mild		Moderate			Severe			
Pain Level	0	1	2	3	4	5	6	7	8	9	10



Patient Signature: \_\_\_\_\_