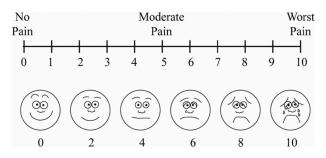


SPORTS AND STRUCTURAL Pain Report



Date/Time	What is your symptom? (Name your symptom, describe it as best you can and use the scale above.)	What were you doing at the time when your symptoms got worse?	Did you take any medication or try any other treatment? (If so, what was it and how much?)	How did they work?
	Comments/Side Effects/Other:			

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	Comments/Side Effects/Other:			
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