

**PELICAN STATE OUTPATIENT CENTER  
1525 DICKORY AVE, HARRAHAN, LA 70123**

**PATIENT'S NAME** \_\_\_\_\_

**WHAT SYMPTOMS OR PAIN ARE YOU EXPERIENCING?**

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**WHEN DID SYMPTOMS BEGIN?** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_