

# *mild*<sup>®</sup> | Patient Self-Assessment

Schedule a consultation today to see if *mild*<sup>®</sup> is the right treatment option for you. Print and complete this form to review with your Doctor.

Patient name: \_\_\_\_\_

When I stand or walk I experience:

pain

weakness

numbness

tingling

I can stand



for \_\_\_\_\_ minutes  
before I need to rest.

I can walk



for \_\_\_\_\_ minutes  
before I need to rest.

Yes

No



My discomfort/pain is  
relieved when I sit or  
bend forward.

To find a Doctor certified to perform *mild*<sup>®</sup> in your area,  
visit [www.mildprocedure.com/moreinfo](http://www.mildprocedure.com/moreinfo)