

PAIN DRAWING

Be sure to fill this out as accurately as you can. Mark the area(s) on your body where you feel the described sensation. Use the appropriate symbol. Mark any areas of radiation. Include all affected areas.

FRONT

Right Left

BACK

Left Right

Symbols

Numbness: ■■■■■■

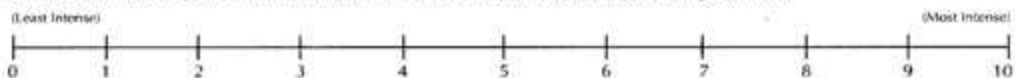
Pins & Needles: ○○○○○○

Burning Pain: ××××××

Stabbing Pain: /////

Aching Pain: <<<<<<<<

On a scale of 1 to 10, please indicate with an "X" the level of pain you are experiencing right now:



Please indicate the frequency at which you experience this level of pain:

Rarely Once a month Once a week Once a day More than once a day Constant pain

Name: _____

D.O.B. _____

Date: _____