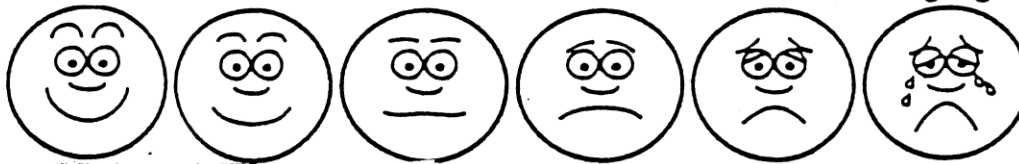
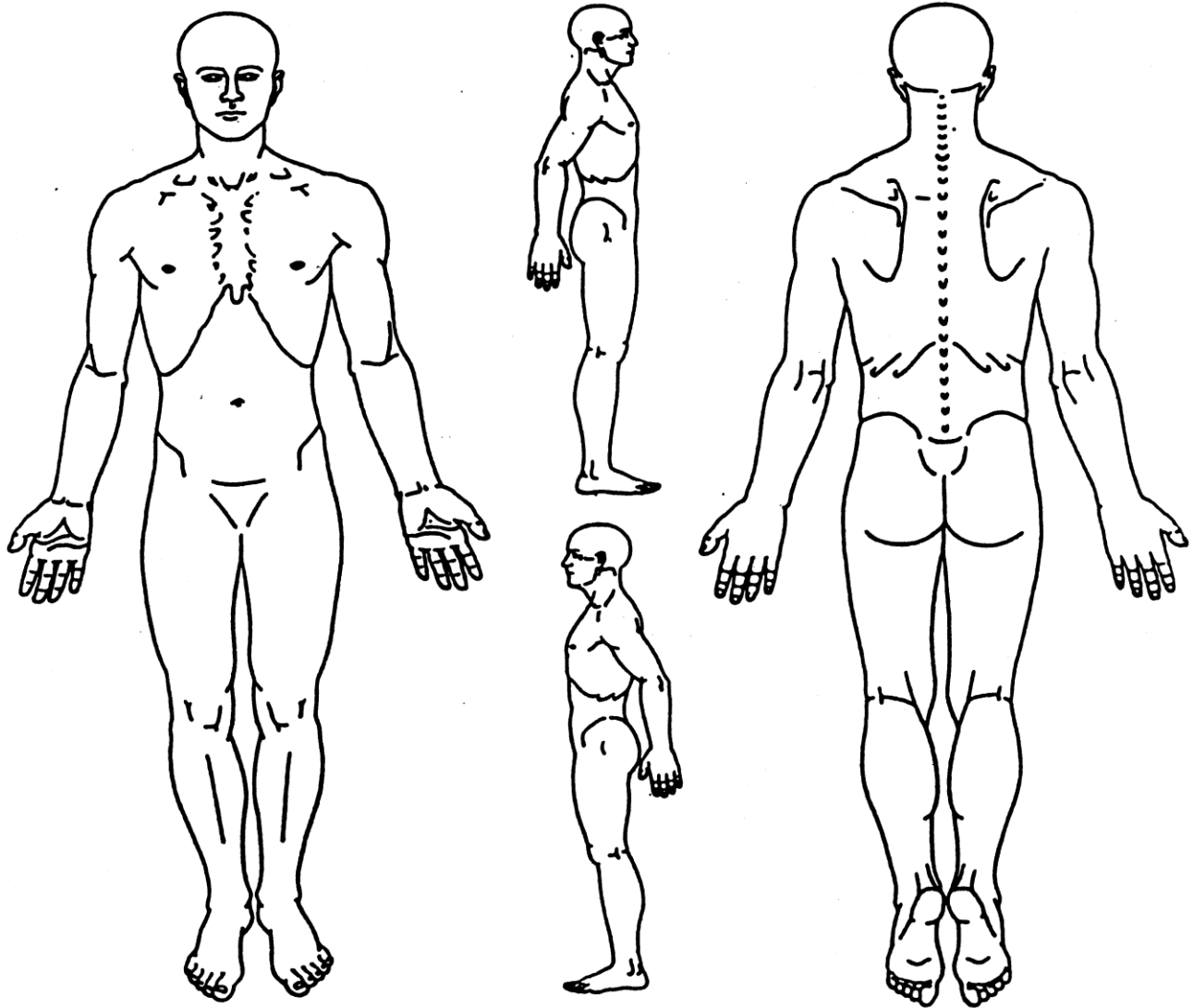


PATIENT PAIN DRAWING

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_

Mark the areas of complaints on the diagram using the following symbols. Also, use the scale below to indicate the pain level of your complaint(s).

Symbols:      Aching/Dull      Numbness      Pins & Needles      Burning      Stabbing      Other  
                   +++++++      \_\_\_\_\_      00000000000      xxxxxxxx      // // // // //      \*\*\*\*\*



Absolutely  
pain free

1    2    3    4    5    6    7    8    9    10

Worst pain you  
could ever have

X \_\_\_\_\_  
**Patient Signature**