

Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness

Pins & Needles

o o o o o

o o o o o

o o o o o

Burning

^ ^ ^ ^ ^

^ ^ ^ ^ ^

^ ^ ^ ^ ^

Aching

x x x x

x x x x

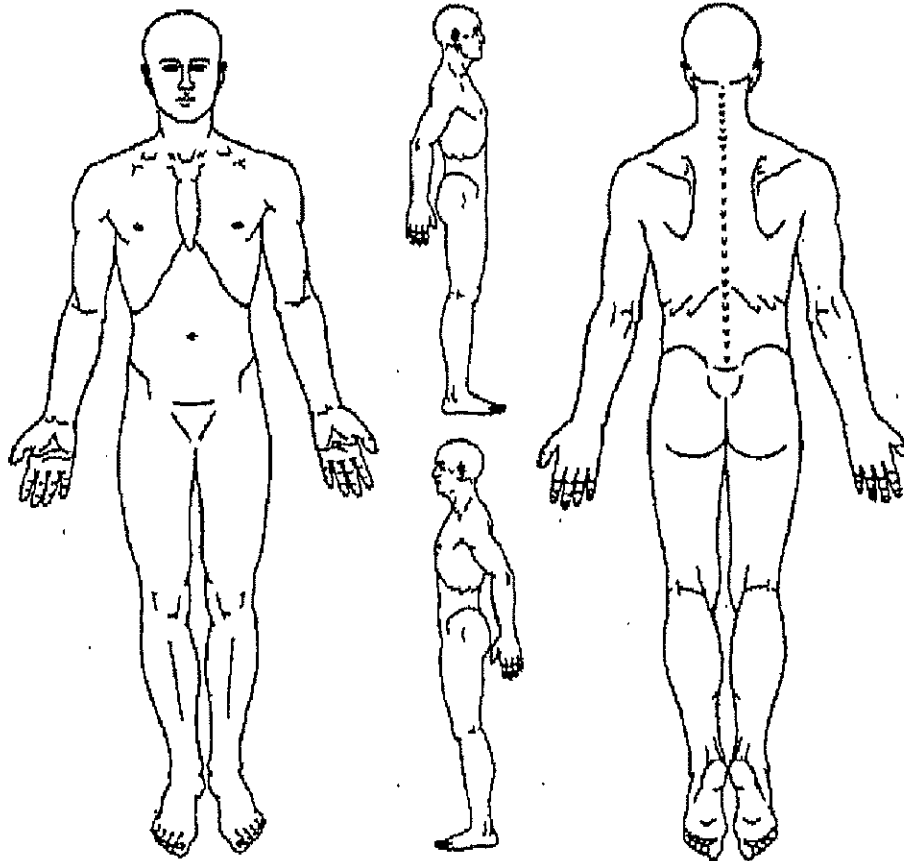
x x x x

Stabbing

⊗ ⊗ ⊗ ⊗

⊗ ⊗ ⊗ ⊗

⊗ ⊗ ⊗ ⊗



Please use the space below to describe your condition further if needed:

Date: _____ Signature: _____

