PAIN DRAWING

Name: _____ Today's Date: _____

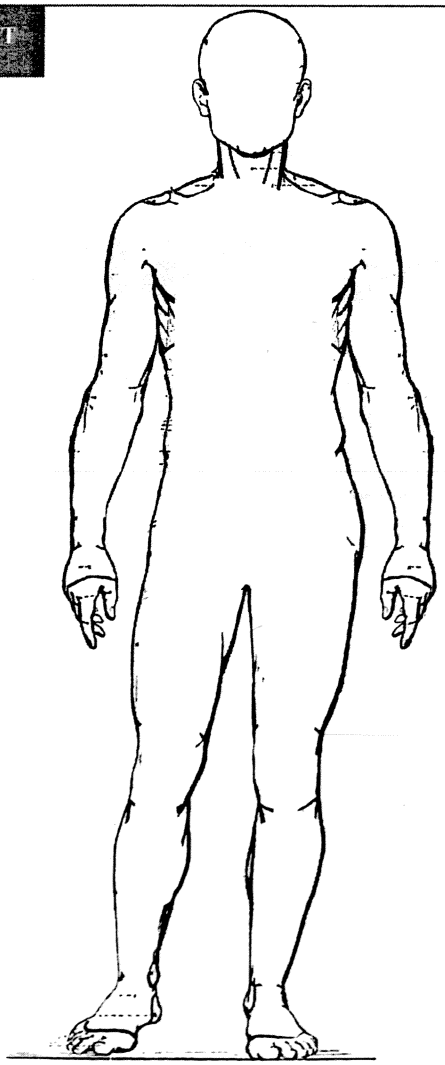
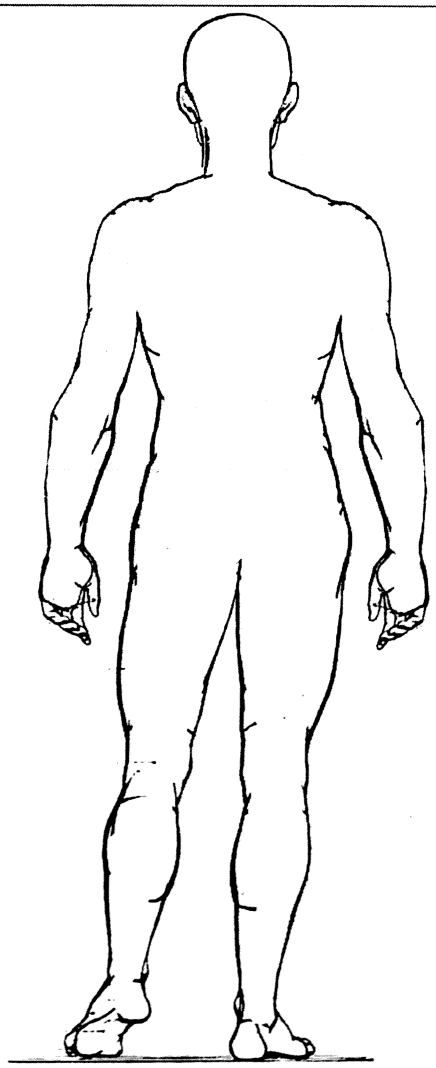
Date of Birth: _____ Examiner: _____

Tell Us Where You Hurt.

Please read carefully:
Mark the areas on your body where you feel your pain using the symbols as shown below. Include all affected areas. Mark areas of radiation. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels.

Ache >>>> >>>>	Numbness ---- ----	Pins and Needles oooo oooo
Burning x x x x x x x x	Stabbing / / / / / / / /	Throbbing ~ ~ ~ ~ ~ ~ ~ ~

FRONT



BACK