

# 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 ----  
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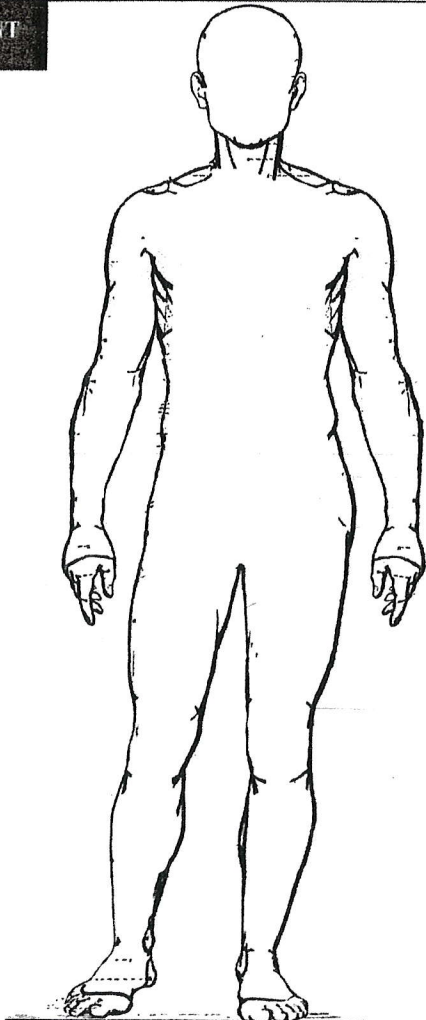
Pins and Needles oooo  
oooo

Burning x x x x  
x x x x

Stabbing ////  
////

Throbbing ~ ~ ~ ~  
~ ~ ~ ~

FRONT



BACK

