

Name: _____
DOB: _____
Chart: _____
Age/Gender: _____
Date: _____



Pain Drawing

Patient's Name: _____ Age: _____ DOB: _____

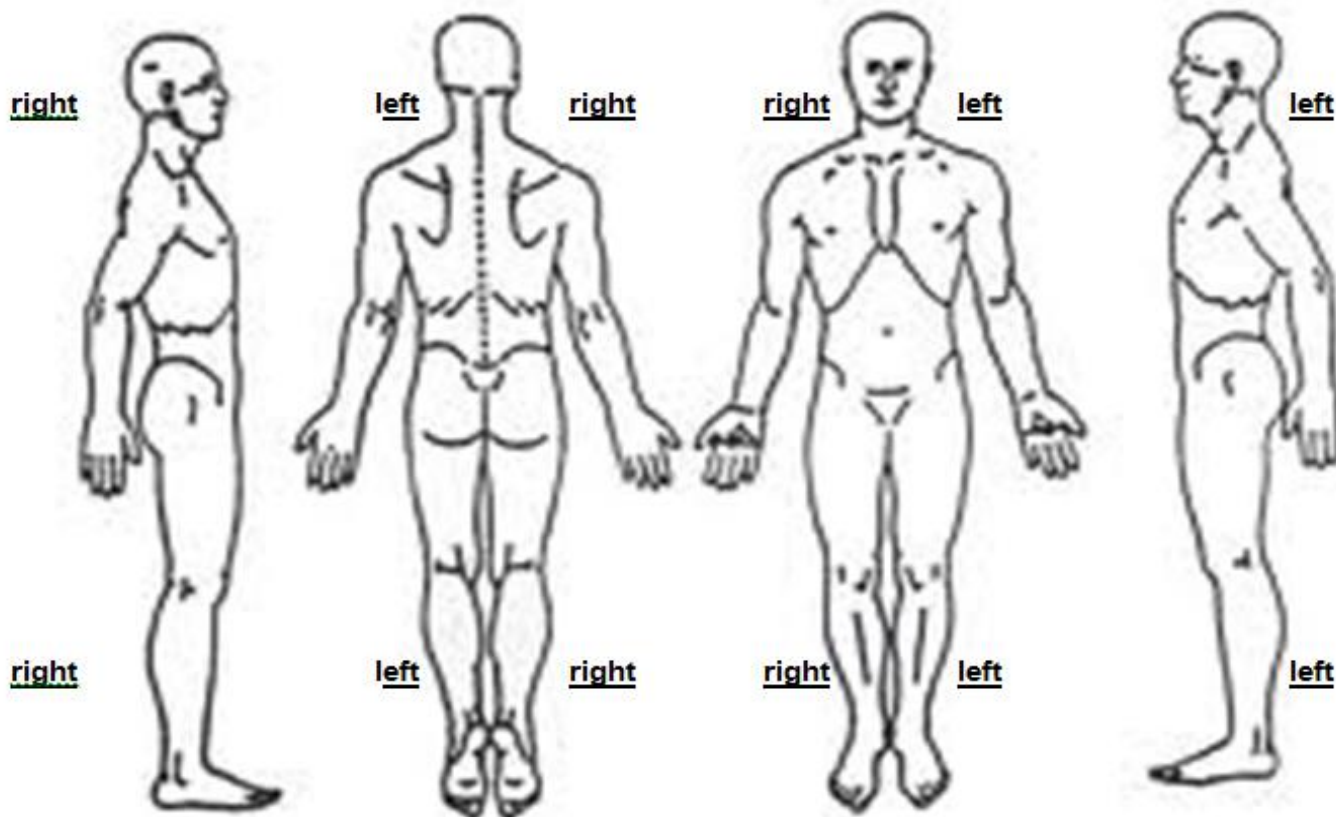
WHERE IS YOUR PAIN?

Using the colors as explained below, please mark on the body diagram where you are experiencing your symptoms.

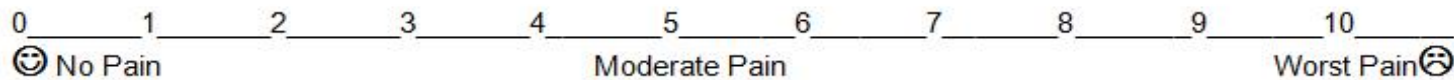
RED represents **PAIN**

BLUE represents **NUMBNESS**

BLACK represents **TINGLING**



Please mark on the line the intensity of your pain:



Patient Signature: _____

Date: _____