

Name: _____

Today's Date: _____

Birthdate: _____

PAIN DRAWING

For office use only

Patient # _____

Doctor: _____

TELL US WHERE YOU HURT

Please read carefully:

Mark the areas on your body where you feel your pain. 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. Use the appropriate symbol(s) listed below.

Ache >>>>
>>>>

Numbness =====
=====

Pins and Needles ooooo
ooooo

Burning xxxxx
xxxxx

Stabbing /////
/////

Throbbing ~~~~~
~~~~~

