

PATIENT PAIN DRAWING

Name

Address

Phone

Where is your pain now?
Mark the areas on your body where you feel the sensations described below, using the appropriate symbol. Mark the areas of radiation. Include all affected areas. To complete the picture, please draw in your face.

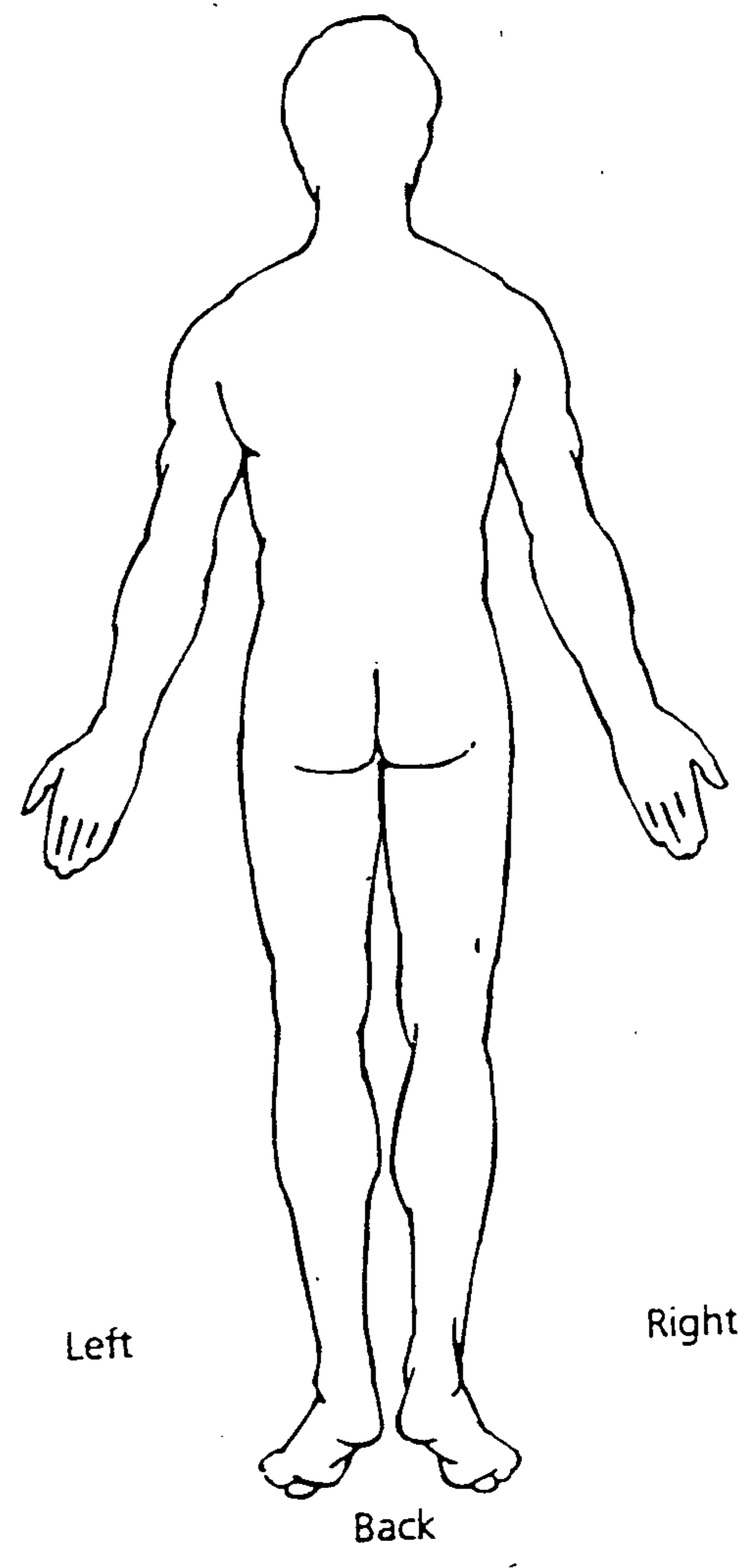
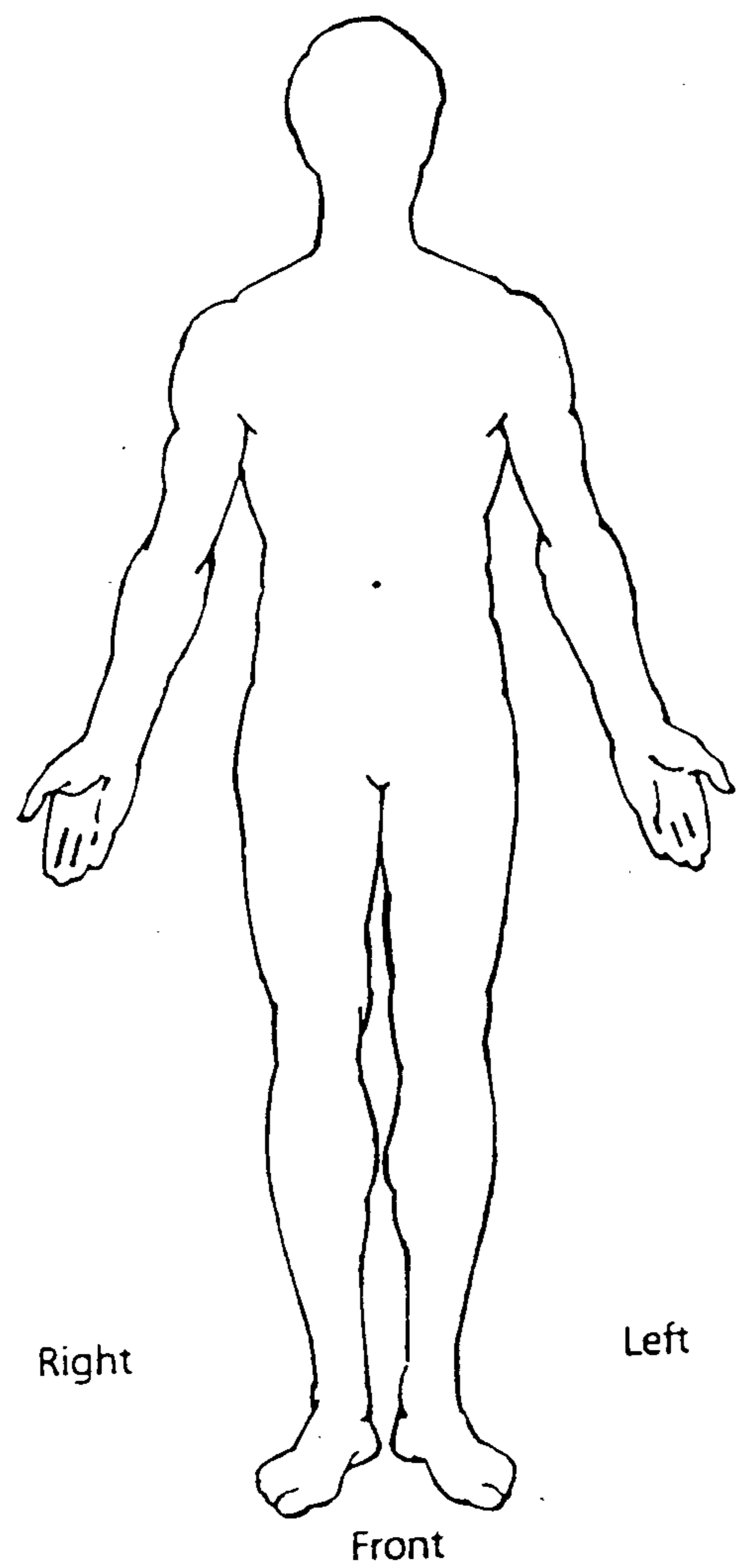
Aching
▲ ▲ ▲

Numbness
= = =

Pins and needles
○ ○ ○

Burning
× × ×

Stabbing
/ / /



How bad is your pain now?

Please mark with an X on the body form where the pain is worst now.

Please mark on the line how bad your pain is now:

No pain _____ Worst possible pain