

Pain Diagram

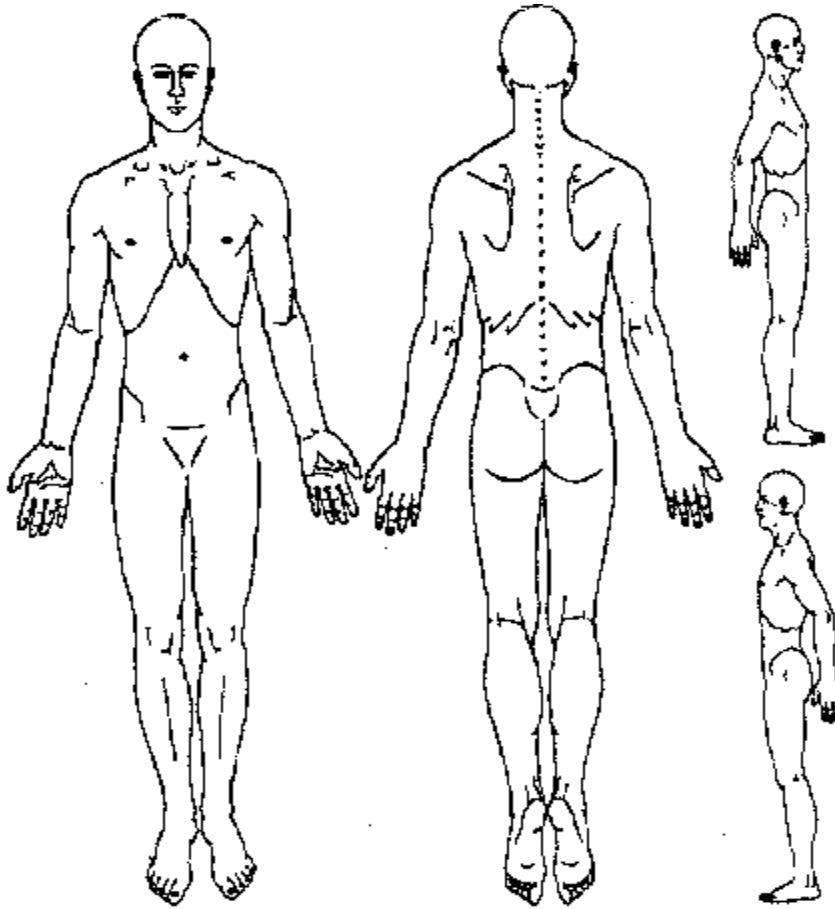
Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:
Numbness: ----- Burning: ^^^^ Pins & Needles: oooo Stabbing: Ø Ø Ø Aching: xxxx

Using the pain scale 1-10, please put a number that describes each

Best _____ Worst _____ Current _____

Percentage Of Improvement Since **Last Visit**: At Best _____

Currently _____



Right Left

Left Right

Left

Please use the space below to describe your condition further if needed

Date: _____ Signature: _____