

# PAIN CHART

## ABOUT YOU

Name: \_\_\_\_\_ File #: \_\_\_\_\_

What is your current weight: \_\_\_\_\_ lbs., and height, \_\_\_\_\_ Ft. \_\_\_\_\_ In..

Please describe your condition:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SHOW US WHERE IT HURTS

Please mark **area(s)** of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description →	Numbness	Pins & Needles	Burning	Aching	Stabbing
Symbol →	NNNN	PPPP	BBBB	AAAA	SSSS

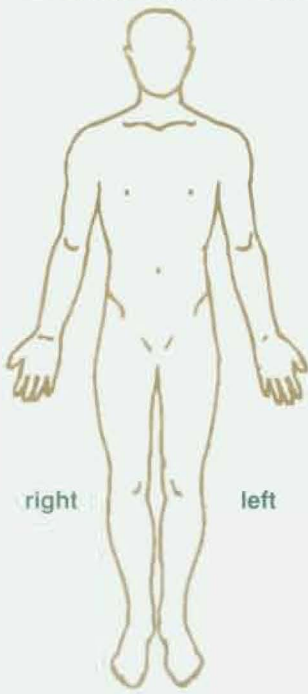
Circle any area of pain not represented by a symbol.



Example



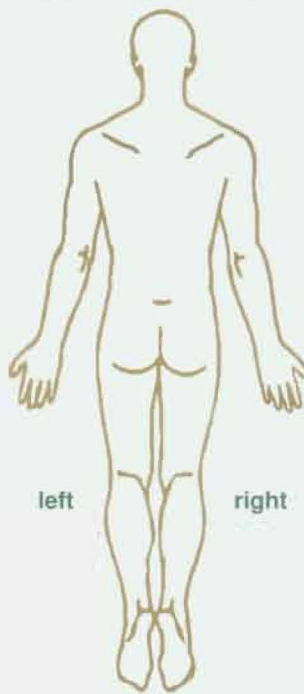
Right



right

left

Front



left

right

Back



Left

## DOCTOR'S NOTES

