

# PAIN CHART

## ABOUT YOU

NAME: \_\_\_\_\_ FILE #: \_\_\_\_\_

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

Please describe your condition:

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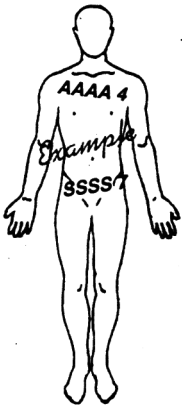
Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 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

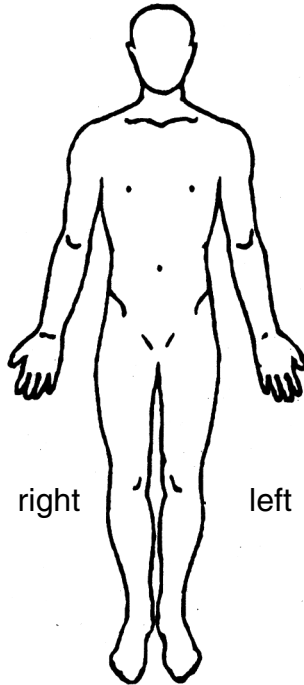
○ Circle any area of pain not represented by a symbol.



Example



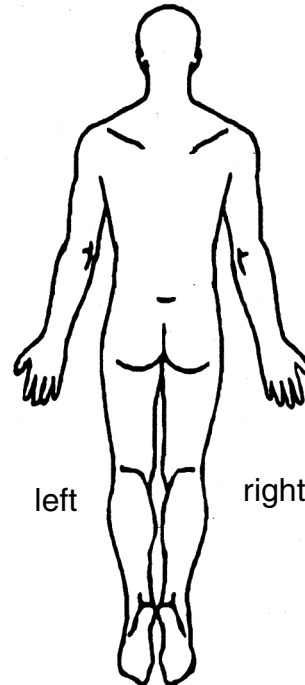
Right



right

left

Front



left

right

Back



Left

## DOCTOR'S NOTES

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