

Patient's Name: _____ Date: _____ File #: _____

Pain Chart

Show area(s) of pain or unusual feeling

Mark the areas on this drawing where you feel the described sensations. Use appropriate symbols & include all affected areas.

Ache >>>>>

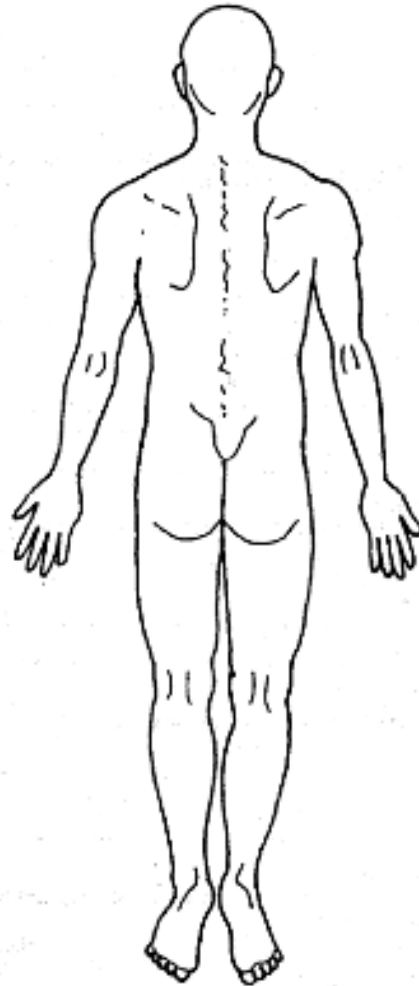
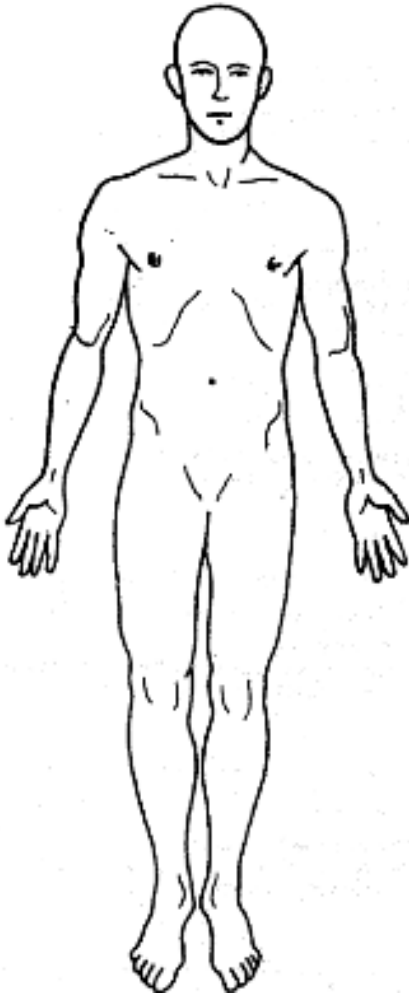
Burning x x x x

Numbness =====

Stabbing /////

Pins & Needles o o o o

Throbbing ~~~~~



Patient Signature: _____

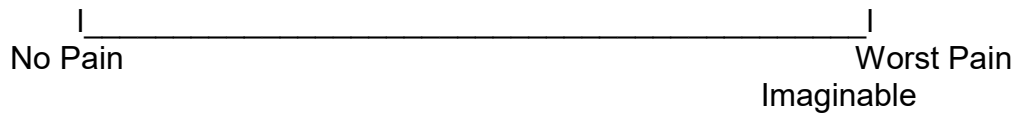
Date: _____

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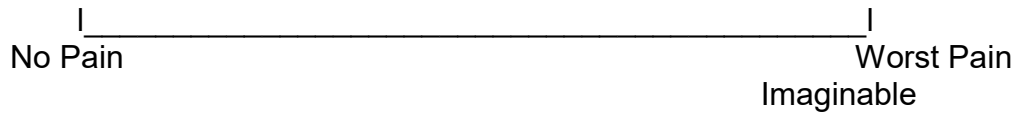
Visual Analog Scale

The line below are used to represent the intensity of pain you might have in various regions of your body. Please place an "X" at the position on the scale that indicates how much pain you feel in the area.

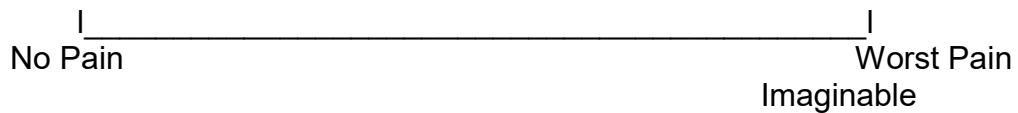
Head, neck, shoulders, arms & hands:



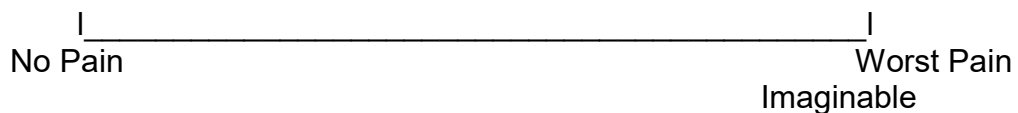
Torso, mid-back, chest:



Low back, buttock, hips, legs & feet:



Other Region: Please state where: _____



Patient Signature: _____

Date: _____