



# PAIN CHART

## ABOUT YOU

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

PLEASE DESCRIBE YOUR CONDITION:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SHOW US WHERE IT HURTS

PLEASE MARK AREA/AREAS OF SYMPTOMS AS SHOWN BELOW IN THE EXAMPLE.  
INDICATE THE DEGREE OF PAIN USING A SCALE OF #1 (DISCOMFORT) TO #10 (EXTREME PAIN).

NUMBNESS

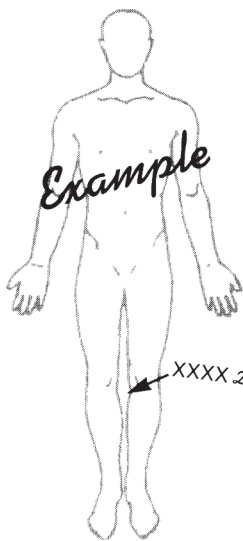
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PINS & NEEDLES  
OOOOO

BURNING  
^ ^ ^ ^ ^

ACHING  
XXXXX

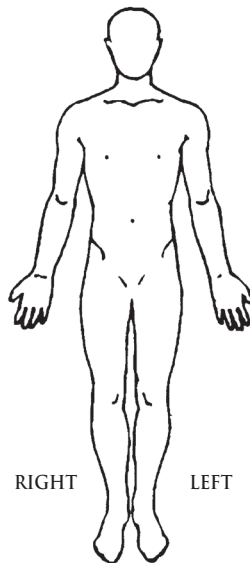
STABBING  
● ● ● ● ●



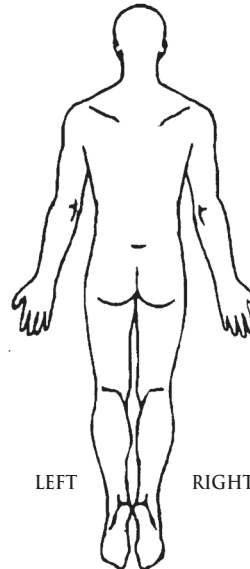
EXAMPLE



RIGHT



FRONT



BACK



LEFT

## DOCTOR'S NOTES

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