PAIN CHART

| | | About you |
|---------------------------------|--------|-----------|
| Name: | File # | |
| Please describe your condition: | | |
| Signature: | | Date:// |

| | SHOW US WHERE IT HURTS | | | | | | | |
|---|------------------------|-------------------------|---------|-----------------|----------|----|--|--|
| Please mark area(s) of injury or discomfort as shown below in the example. | | | | | | | | |
| | Numbness | Pins & Needles OOOOO | Burning | Aching XXXXX | Stabbing | | | |
| Edample XXXX 2 | | right left | left | right | | | | |
| Example | Right | Front | Back | | Left | | | |
| Indicate the degree of pain using a scale of 1 (discomfort) to 10 (extreme pain). | | | | | | | | |
| 1 | + | | - | + | - | - | | |
| 1 2 | 3 4 | 5 6 | 7 | 8 | 9 | 10 | | |
| | | | | | | | | |

| DOCTOR'S NOTES |
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