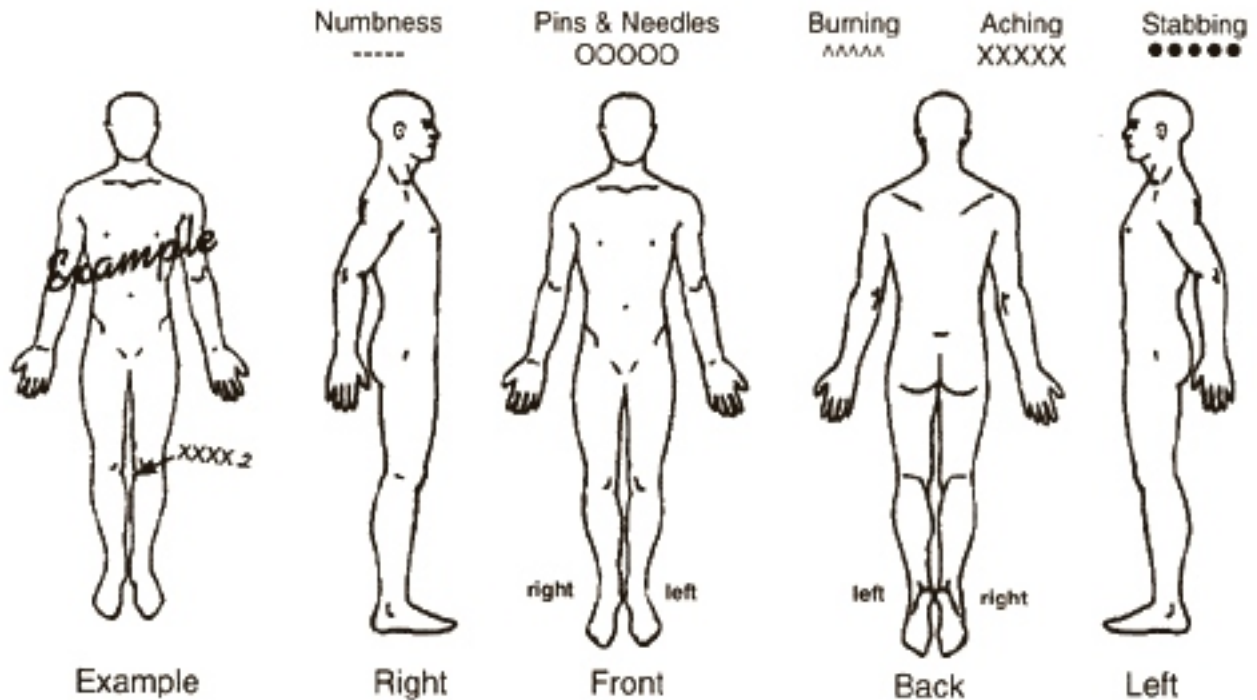


# PAIN CHART

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.



Indicate the degree of pain using a scale of 1 (discomfort) to 10 (extreme pain).



## DOCTOR'S NOTES

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