

**Office Use Only**

1  
4-5  
>5

Patient #: \_\_\_\_\_

# Pain Drawing

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Examiner: \_\_\_\_\_

## TELL US WHERE YOU HURT.

*Please read carefully:*

*Mark the areas on your body where you feel your pain. Include all affected areas. Mark areas of radiation. If your pain radiates, draw an arrow from where it starts to where it stops. Please extend the arrow as far as the pain travels. Use the appropriate symbol(s) listed below.*

Ache >>>>>

Burning x x x x

Numbness = = = = =

Stabbing / / / / /

Pins & Needles o o o o

Throbbing ~ ~ ~ ~ ~

