

Patient Name(Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient ID # \_\_\_\_\_

Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:

D = Dull  
B = Burning  
N = Numb

S = Stabbing/Cutting  
T = Tingling (Pins & Needles)  
C = Cramping

