

PAIN DRAWING

Your Name: _____ Today's Date: _____

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all affected areas. Just to complete the picture, please draw in your face.

Aching ▲▲▲	Numbness ===	Pins & needles ○○○	Burning XXX	Stabbing ///	Other
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Left

BACK

Right

FRONT

Left

