

PATIENT PAIN DRAWING

DATE _____
AGE _____
SEX _____
WT _____ LBS
HT. _____ FT. _____ IN.

Patient Name: _____

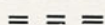
Patient Signature: _____

Chart # _____ 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 and needles



Burning



Stabbing

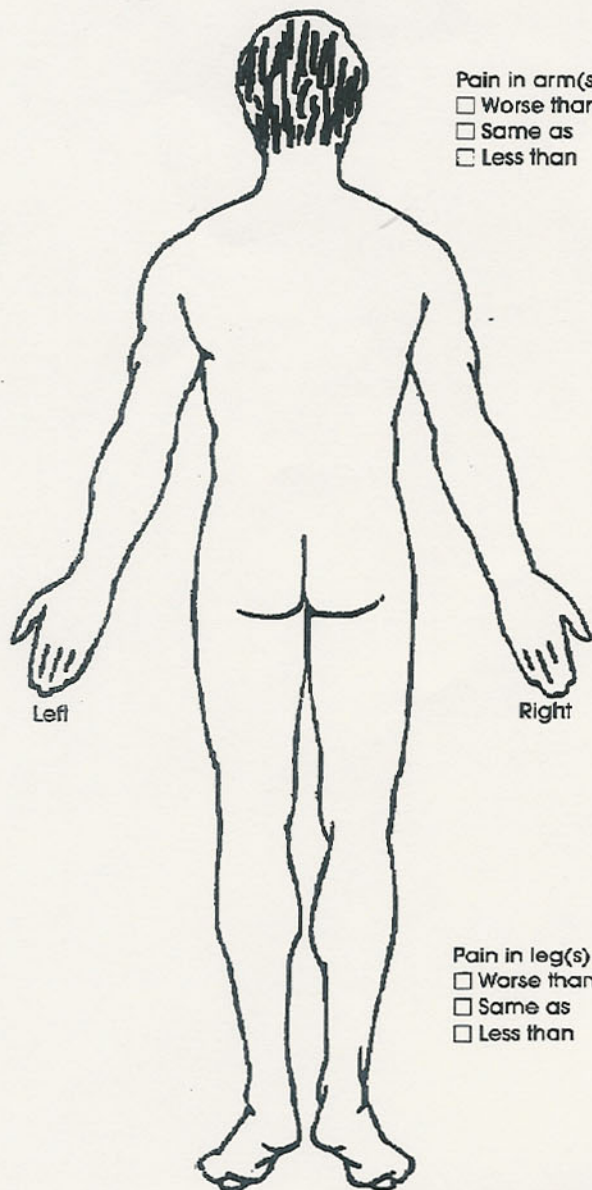


Other



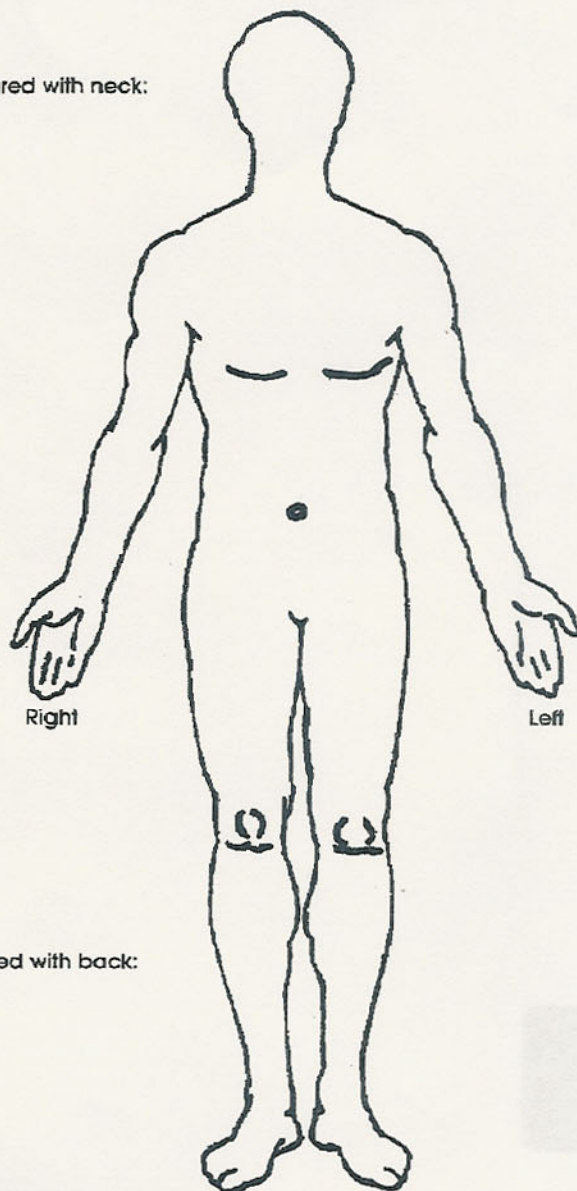
Back

Front



Pain in arm(s) compared with neck:

- Worse than
- Same as
- Less than



Pain in leg(s) compared with back:

- Worse than
- Same as
- Less than

Please mark the following pain scale

0 = No pain 3 = pain relieved by over the counter pain medication 6 = pain enough to seek prescription meds from doctor 10 = worst pain ever (suicidal pain)

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10