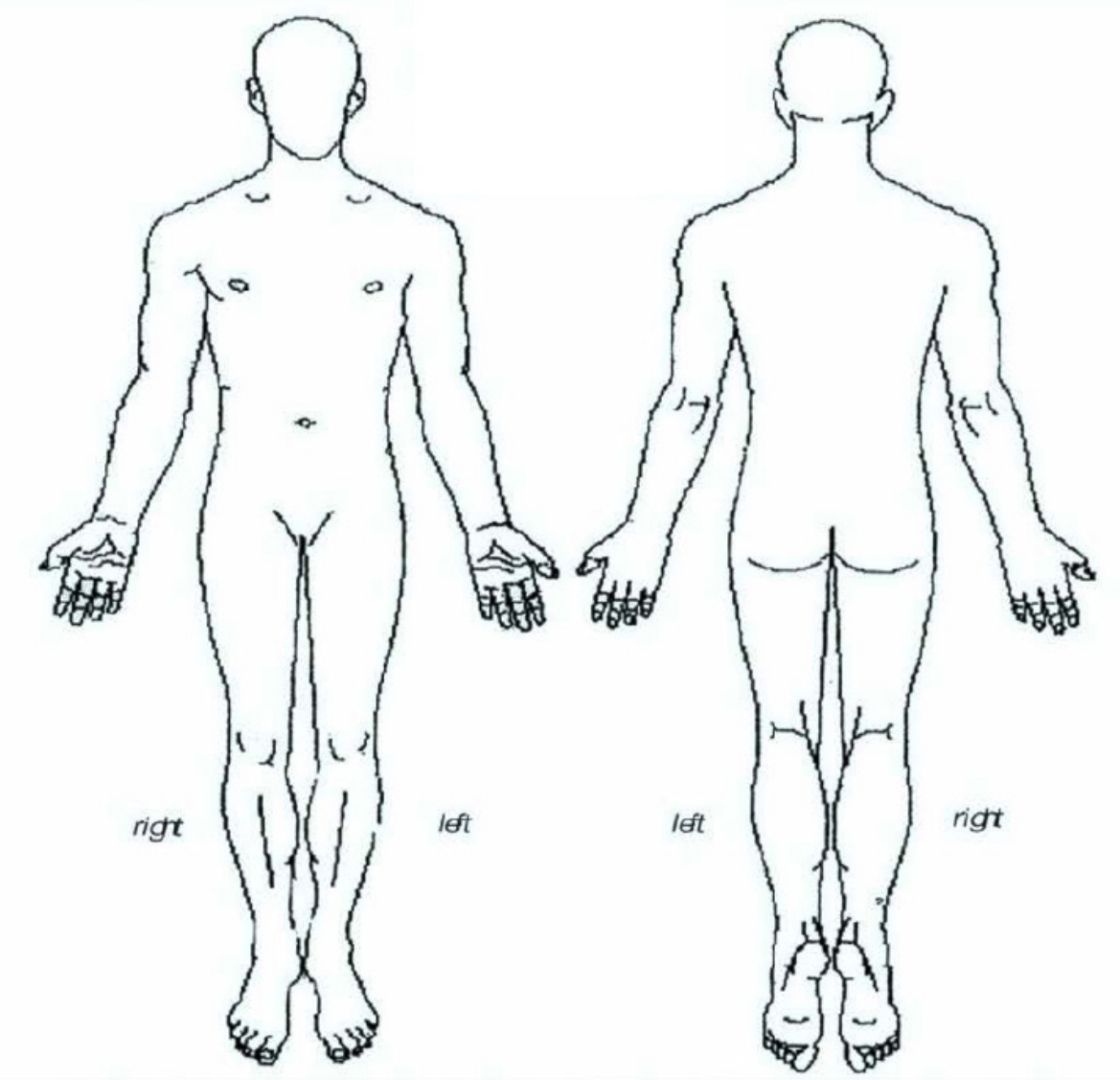
BODY PAIN DIAGRAM

Patient Name : _____ Date: _____

Where is your pain now? Please mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark the areas of radiation using the symbols indicated below. Include all affected areas. Just to complete the picture, please draw in your face.



active pain

numb

pins & needles

burning

radiating pain