

PAIN CHART

ABOUT YOU

Name: _____ File #: _____

What is your current weight: _____ lbs., and height, _____ ft. _____ in.

Please describe your condition: _____

Signature: _____ Date: ____/____/____

SHOW US WHERE IT HURTS

Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description →→
Symbol →→→

Numbness
NNNN

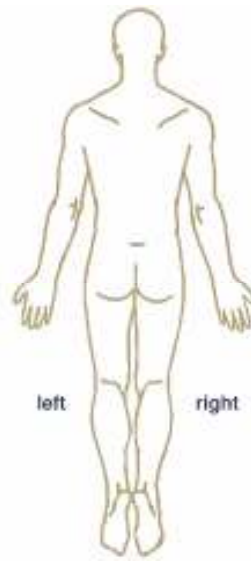
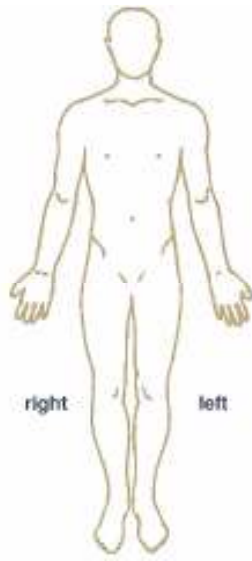
Pins & Needles
PPPP

Burning
BBBB

Aching
AAAA

Stabbing
SSSS

○ Circle any area of pain not represented by a symbol.



DOCTOR'S NOTES

