

# PATIENT PAIN DRAWING

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

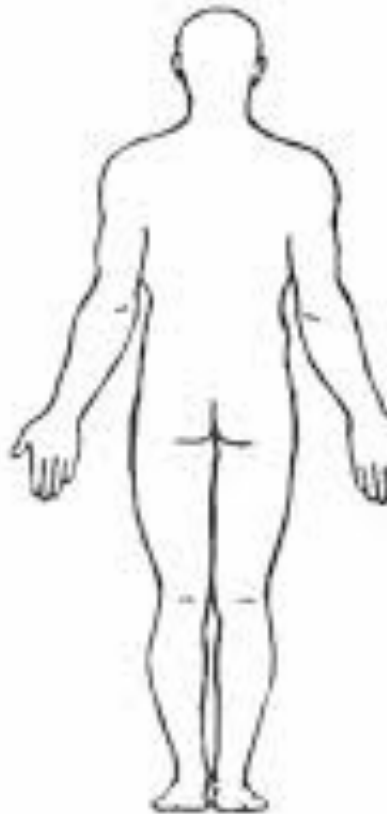
Mark the areas on the body below where you feel the described sensations, using the appropriate symbols below.

Include all affected areas

<b>Ache</b>	<b>Burning</b>	<b>Pins and Needles</b>	<b>Stabbing</b>	<b>Numbness</b>
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Front



Back