

Pain Chart

About You

Name: _____ File #: _____

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

Please describe your condition: _____

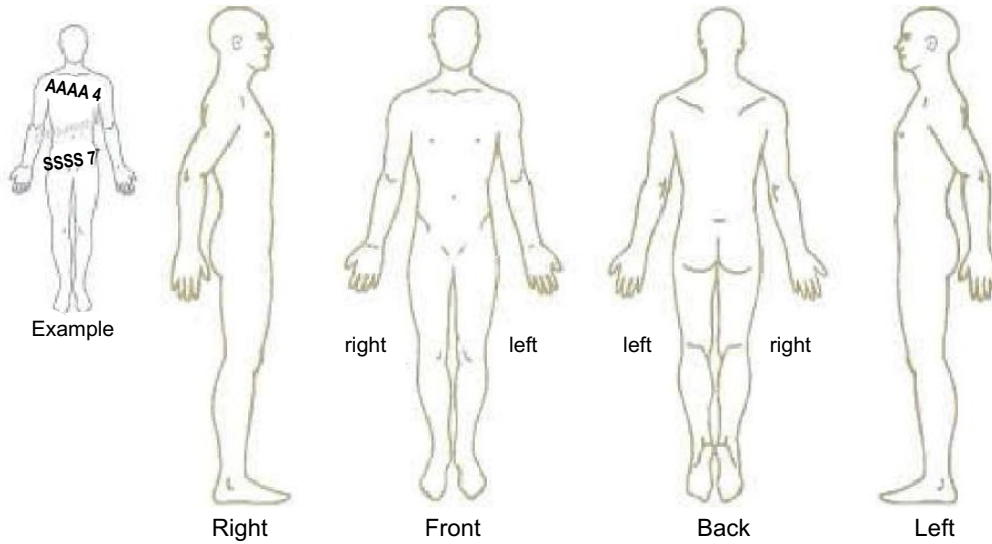
Signature: _____ Date: ____/____/____

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	Numbers	Pins & Needles	Burning	Aching	Stabbing
Symbol	NNNN	PPPP	BBBB	AAAA	SSSS

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



Doctor's Notes
