

PAIN DIAGRAM

PATIENT NAME: _____ TODAY'S DATE: _____

PLEASE COMPLETE THE FOLLOWING '**PAIN DIAGRAM**' BY USING LETTERS AT THE LEFT TO INDICATE ON THE DIAGRAM YOUR AREAS OF PAIN:

- PAIN (P)
- TINGLING (T)
- NUMBNESS (N)
- BURNING (B)
- STIFFNESS (S)

PATIENT'S SIGNATURE: _____

FRONT

BACK

RT

L

L

RT

