

PAIN CHART

About You

Name: _____

File # _____

What is your current weight? _____ lbs.

Height? _____ ft. _____ in.

Please describe your condition: _____

Signature _____

Date _____

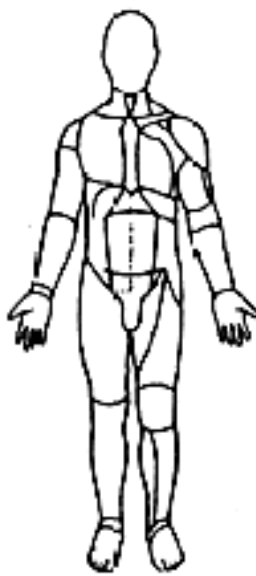
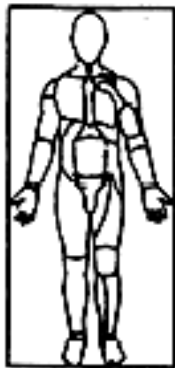
Show Us Where It Hurts

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:	Numbness	Pins & Needles	Burning	Aching	Stabbing
SYMBOL:	NNNN	PPPP	BBBB	AAAA	SSSS

Circle any area of pain not represented by a symbol.

Example:



PLEASE MARK APPROPRIATE
NOTES:

INTENSITY: 0 1 2 3 4 5 6 7 8 9 10
