



Where is Your Pain?

Please mark the body image below where you feel the following sensations. Please use the symbols provided.



Aches



Numbness



Stabbing



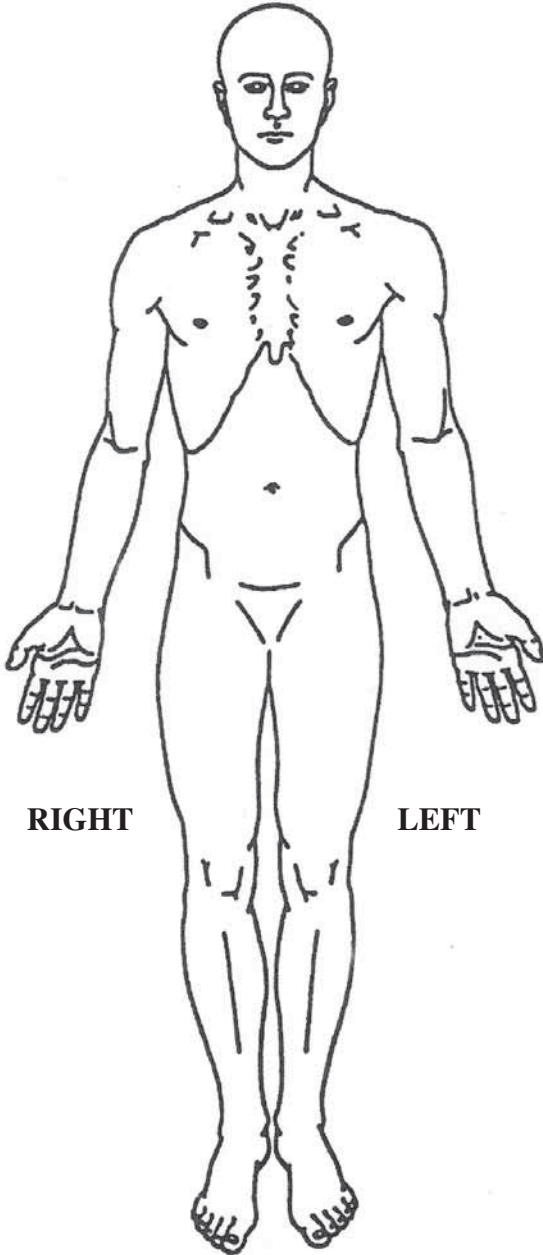
Stabbing



Pins and Needles

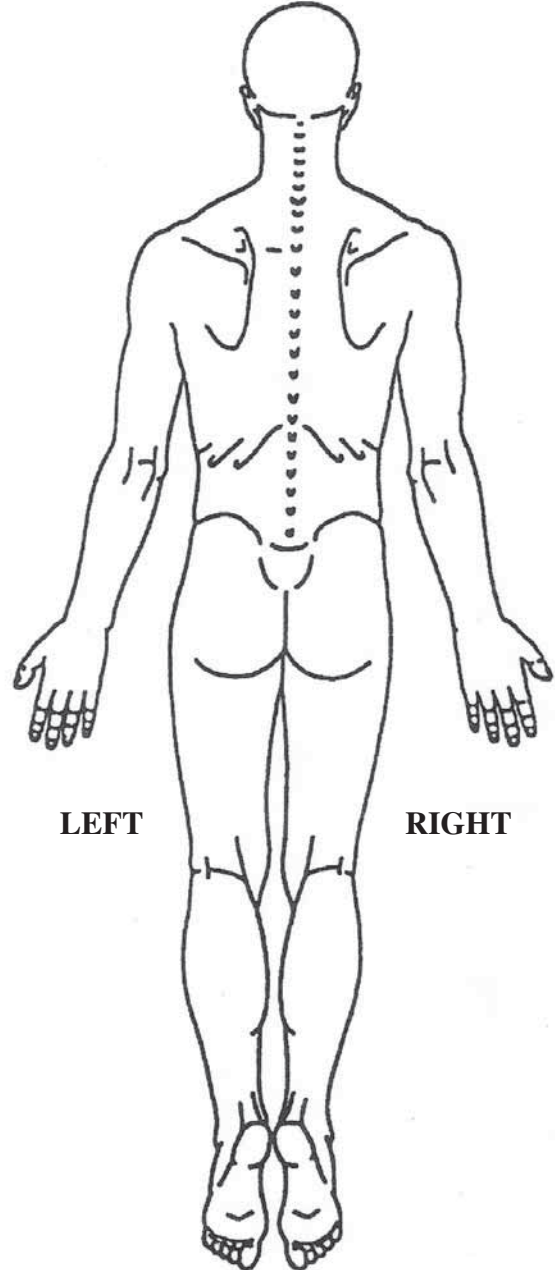
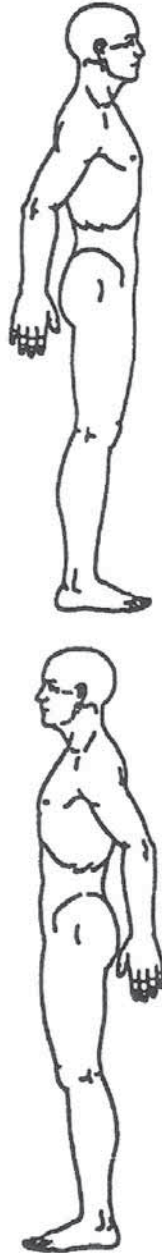
FRONT

BACK



RIGHT

LEFT



LEFT

RIGHT

FRONT

BACK

Patient Name _____

Today's Date _____