

Patient Pain Drawing

Patient name: _____ Date: _____

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Include all affected areas. Just to complete the picture, please draw in your face.

Ache
△△△△△

Numbness
=====

Pins and needles
○○○○○○

Burning
×××××

Stabbing
////////

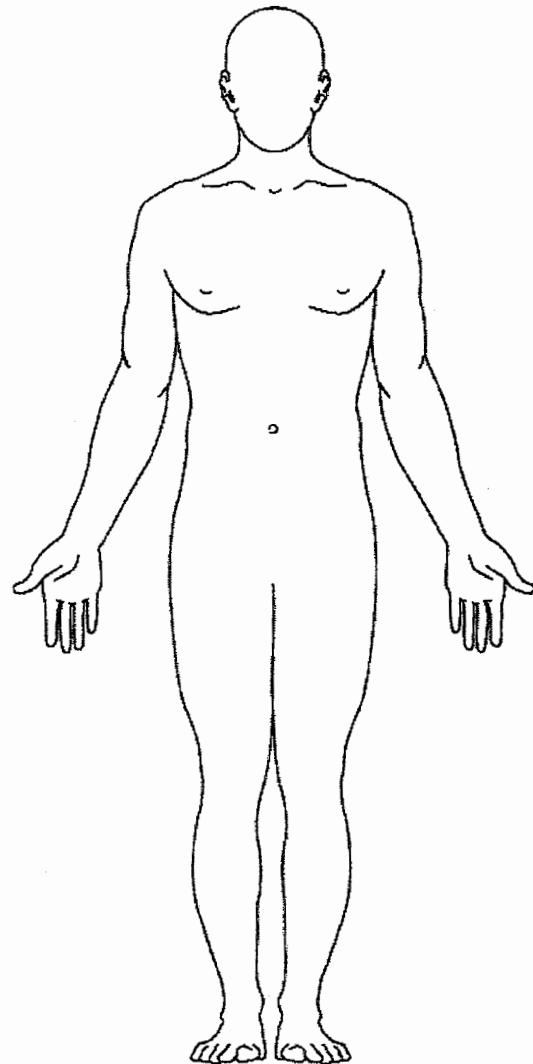
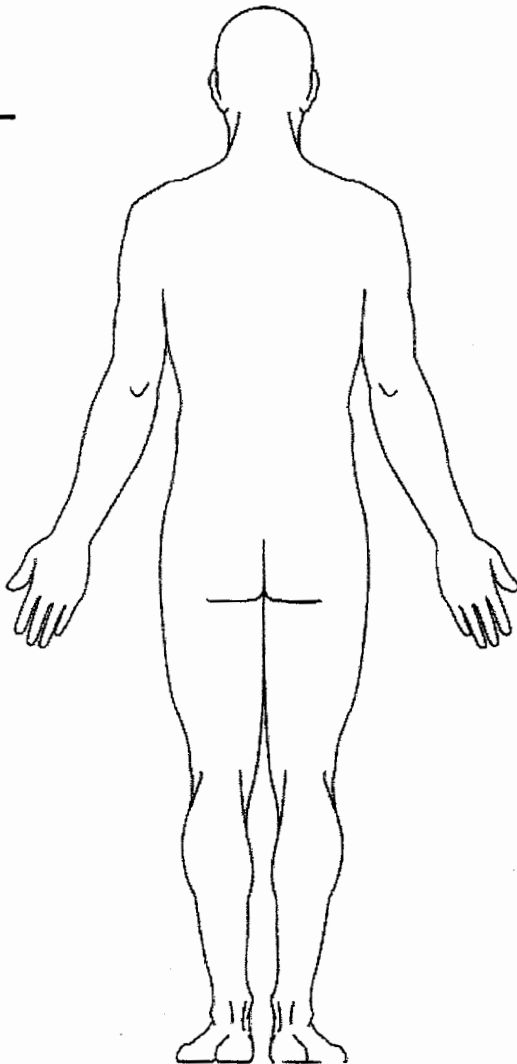
Back

Front

L

R

L



Signature: _____ Date: _____