

# 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: \_\_\_\_\_

