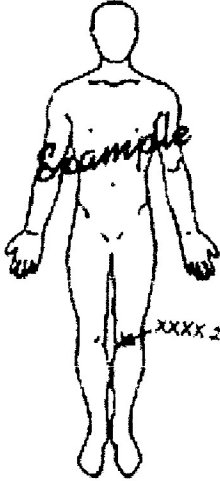

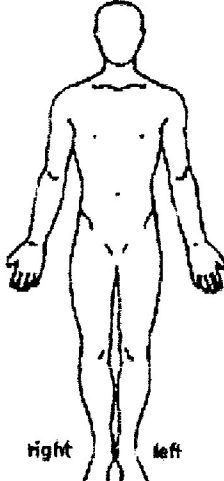
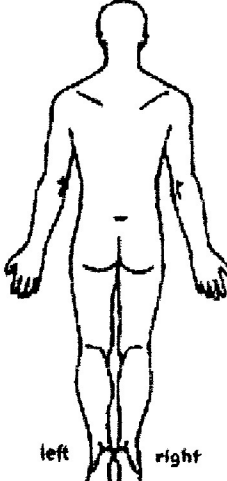



# PAIN CHART

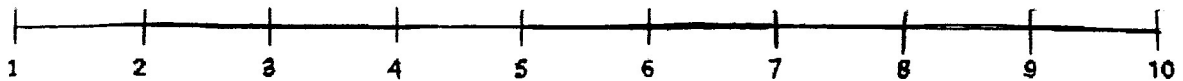
<b>About you</b>	
Name: _____	File # _____
Please describe your condition: _____	
Signature: _____ Date: ___/___/___	

## SHOW US WHERE IT HURTS

Please mark area(s) of injury or discomfort as shown below in the example.

	Numbness -----	Pins & Needles OOOOO	Burning ~~~~~	Aching XXXXX	Stabbing ●●●●●
					
Example	Right	Front	Back	Left	

Indicate the degree of pain using a scale of 1 (discomfort) to 10 (extreme pain).



### DOCTOR'S NOTES
