

Patient Name(Print) \_\_\_\_\_ Date \_\_\_\_\_

Patient ID # \_\_\_\_\_

Please draw the location of your pain or discomfort on the images below. Use the symbols shown to represent the type(s) of pain:

**D** = Dull  
**B** = Burning  
**N** = Numb

**S** = Stabbing/Cutting  
**T** = Tingling (Pins & Needles)  
**C** = Cramping

