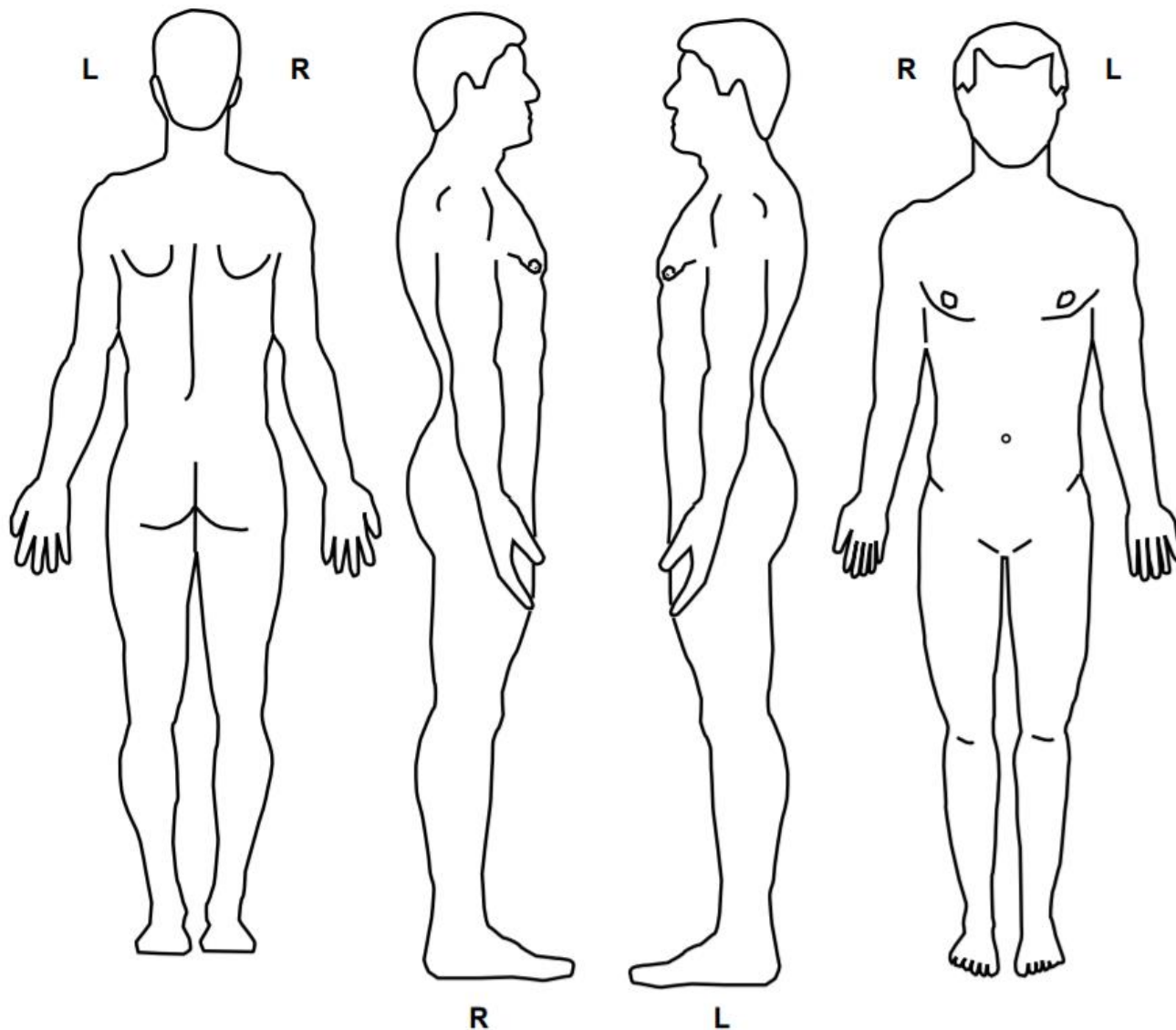


# PAIN DRAWING

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



Mark as follows:

A – Ache                      B – Burning                      N – Numbness

P – Pins & Needles              S – Stabbing

O – Other (Describe): \_\_\_\_\_