

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

