

Pain Diagram

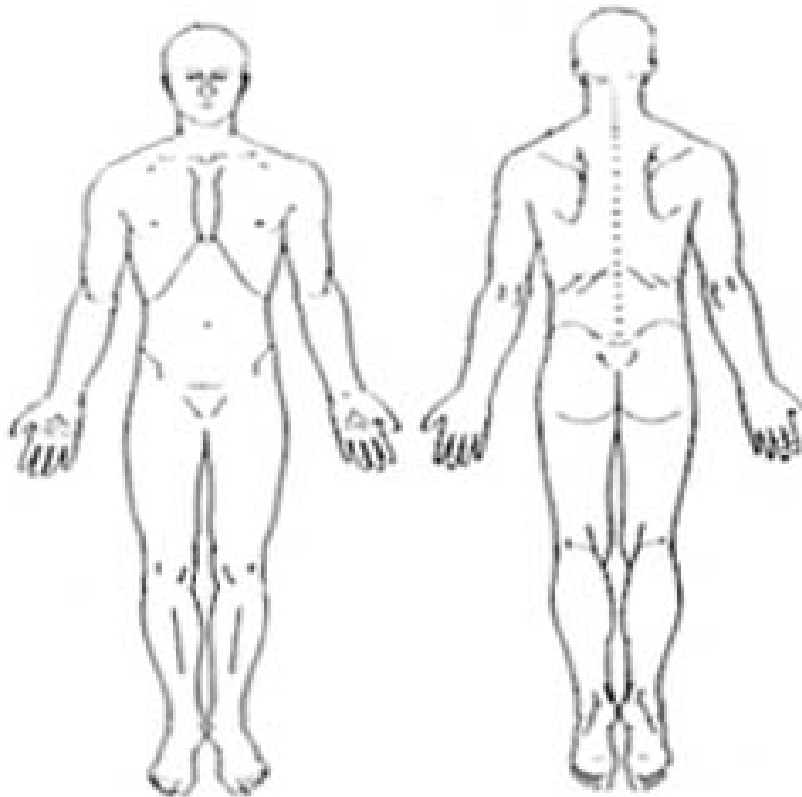
Patient Name: _____

Date of Exam: _____

Brian A. Zelasko, D.C.

Draw the location of your pain on the body outlines and mark how bad it is on the pain line at the bottom of the page.

Ache ^ ^ ^ ^ ^ ^ ^ ^ ^ ^	Burning = = = = = = = = =	Numbness o o o o o o o o o o	Pins and Needles	Stabbing / / / / / / / / / / / / /	Other x x x x x x x x x x
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No Pain _____ **Worst Pain Possible**

Please make a slash through this line as to the level of your pain

Patients Signature _____

Date: _____

