

PAIN CHART

FILE #: _____

DATE: ____/____/____

ABOUT YOU:

Name: _____ Age: _____

What is your current weight: _____ lbs., and height: _____ ft. _____ in.

SHOW US WHERE IT HURTS:

Please mark area(s) of discomfort as shown below in the example. Indicate the degree of pain using a scale of 1 (discomfort) to 10 (extreme pain)

Numbness ^^^^	Pins & Needles 00000	Burning +++++	Aching xxxxx	Stabbing *****
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