

APEX MEDICAL CENTER

PAIN DIAGRAM

Patients Name: _____ DOB: _____

When did your pain start? Month: _____ Year: _____

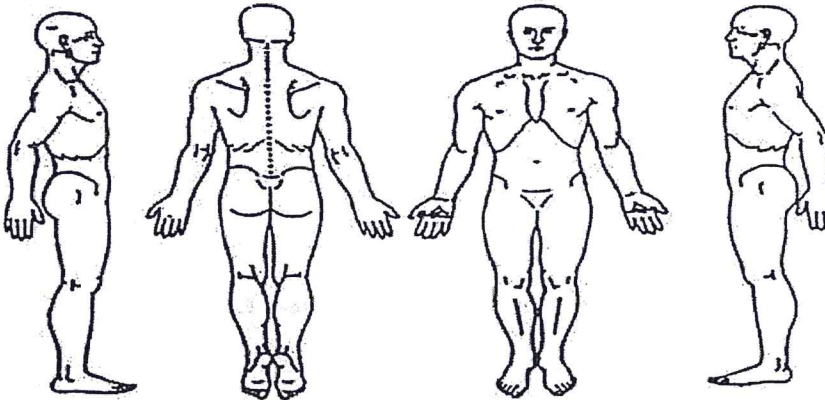
Please mark off your area to complain on the diagram below. Use the following KEY to describe your symptoms:







KEY

A=Ache B=Burning N=Numbness P=Pins&Needles S=Stabbing O=Other

Use an arrow to indicate the direction of any radiating pain.

PAIN LOCATION



SIDE RIGHT	BACK LEFT/RIGHT	FRONT RIGHT/LEFT	SIDE LEFT		
<h3>Pain Scale</h3>					
					
No Pain	Little Pain	Mild Pain	Moderate Pain	Severe Pain	Exccrutiating Pain
Circle One:					
0 1 2 3 4 5 6 7 8 9 10					

Patients Signature: _____ Date: _____