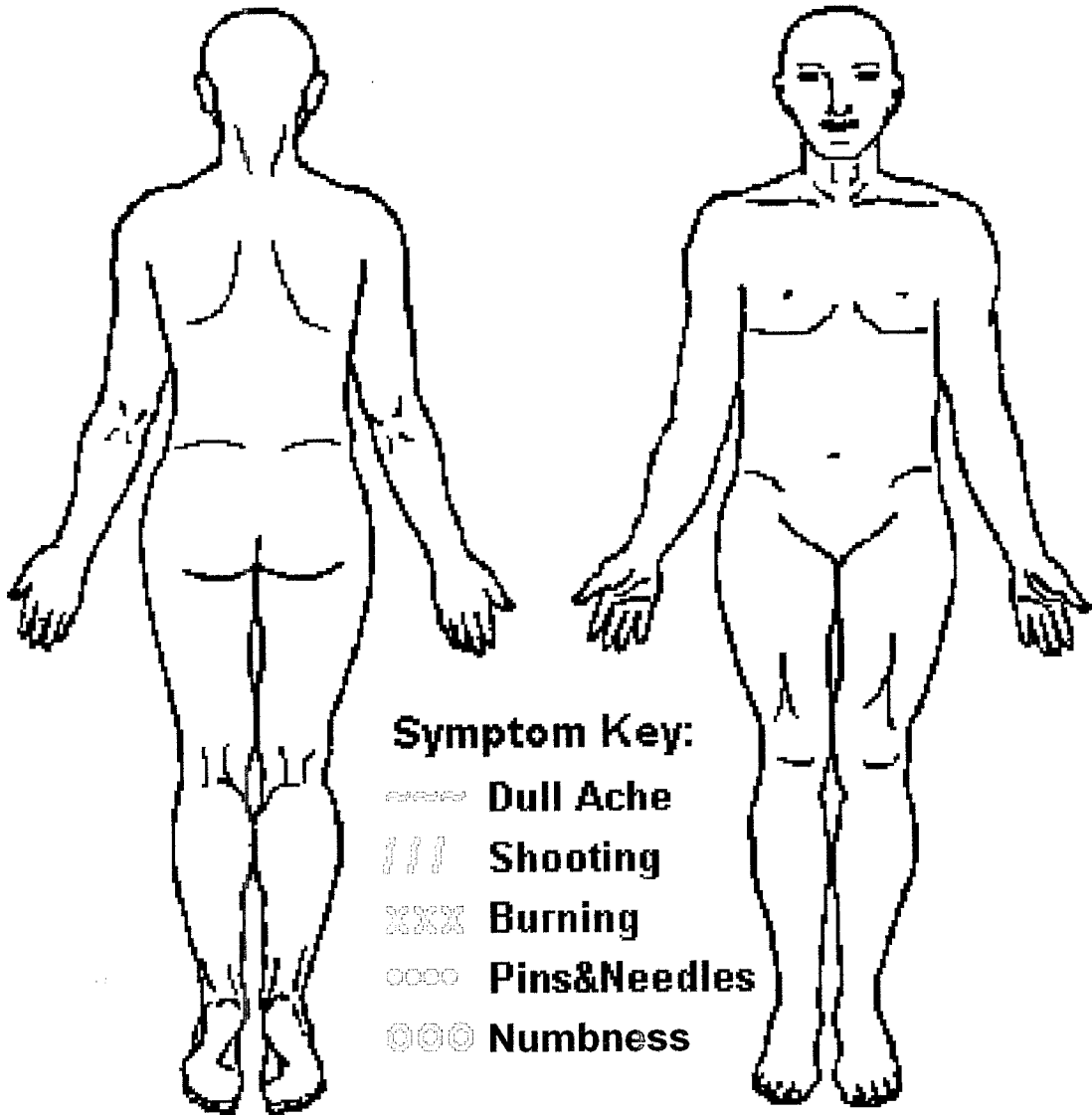


Pain Drawing

Clinic Name: _____

Patient Name: _____ ID #: _____

Describe your current pain symptoms by marking on the drawing below, using symbols shown in the "Symptom Key", to indicate specific types of sensation.



The above chart, and the copy shown to me on the computer, are an accurate description of my current symptoms.

Patient Signature

_____/_____/_____
Date