

PAIN DIAGRAM

NAME _____ DATE _____

How long have you had pain ? _____ years _____ months _____ weeks

On the pain diagram below, please indicate where you are experiencing pain or other symptoms, right now.

List the MAIN reason you are seeing the healthcare provider for today:

**A = ACHES B = BURNING N = NUMBNESS P = PINS & NEEDLES S = STABBING
O = OTHER Please mark an X at the area you are having pain.**

