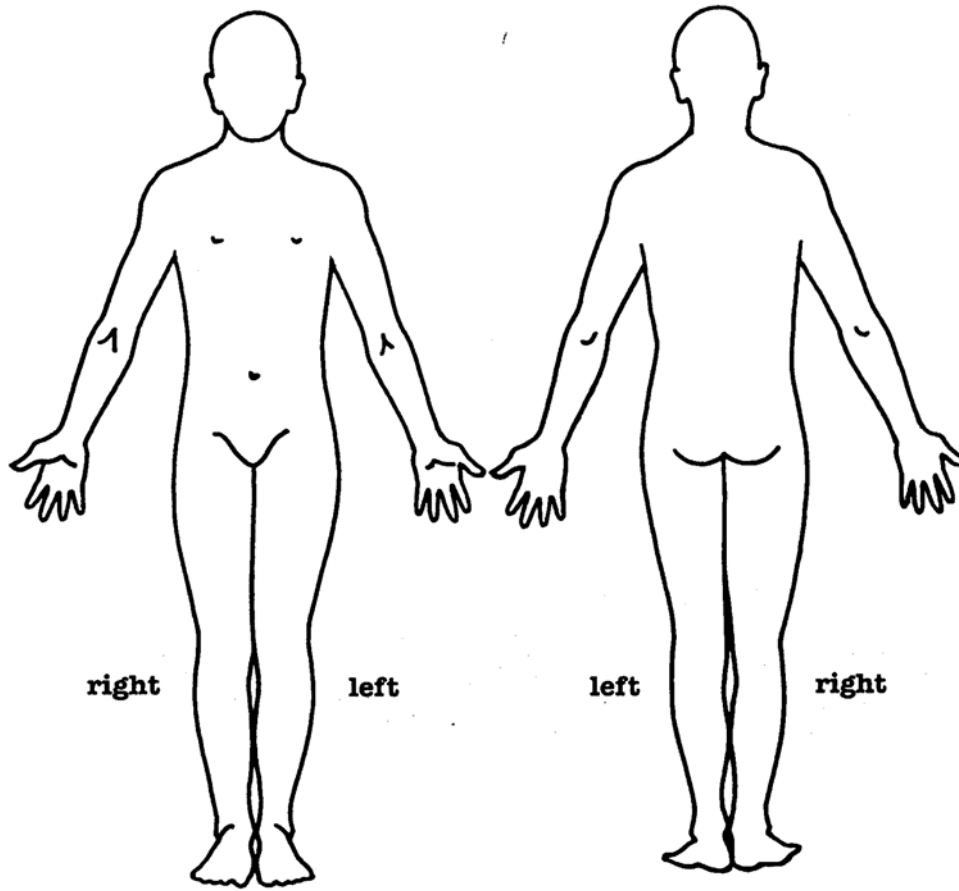




PAIN CHART FORM

Mark the areas on this drawing where you feel the described sensations. Use appropriate symbols & include **all** affected areas.

Numbness -----	Tingling 00000000	Burning xxxxxx	Aching *****	Stabbing /////
Dull ^^^^^^	Sharp >>>>>	Shooting +++++++	Spasm <<<<<<	Throbbing



Patient Signature _____ Date _____

Print Name _____