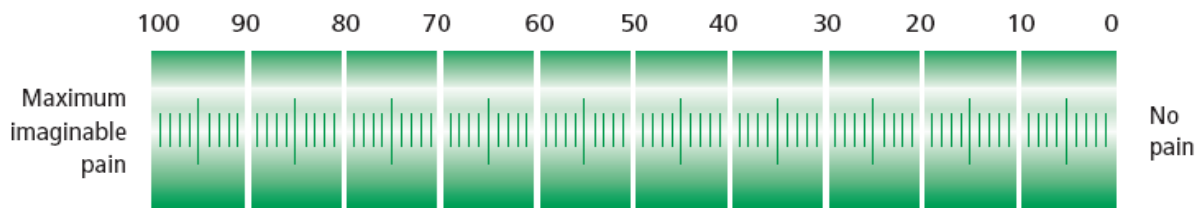
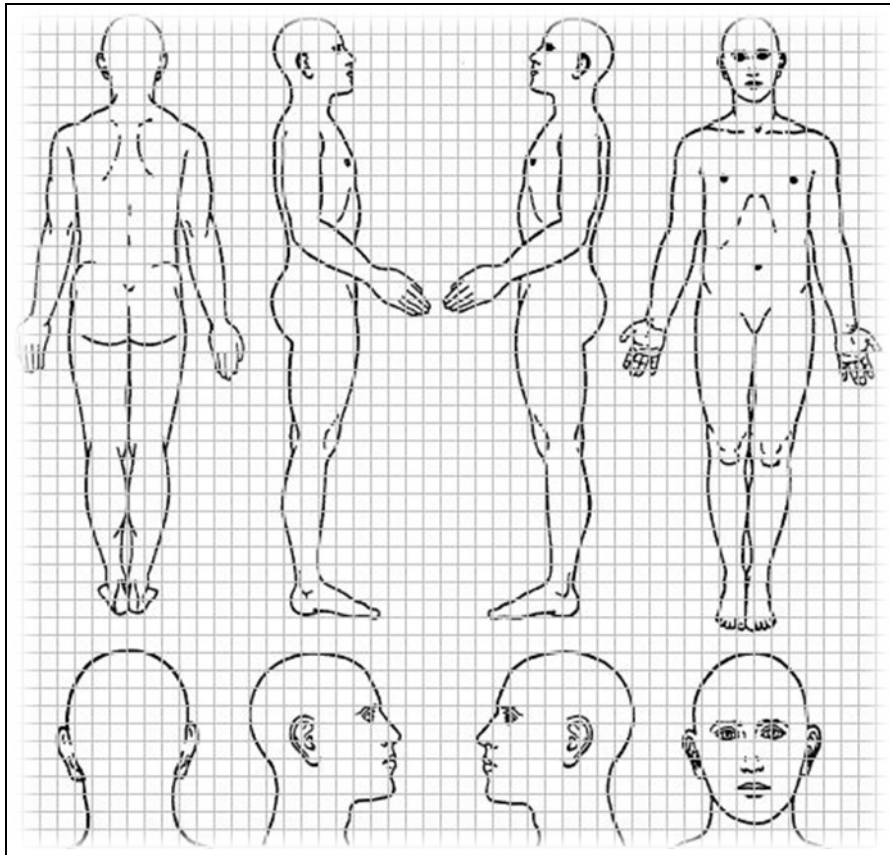


Pain Diagram

Patient Name: _____

Please Mark on the diagrams below where your pain is, then on the pain scale below mark a line where you feel your pain level is. If more than one area of pain is present, please number the areas then number the lines on the pain

scale.



Patient Signature

Date