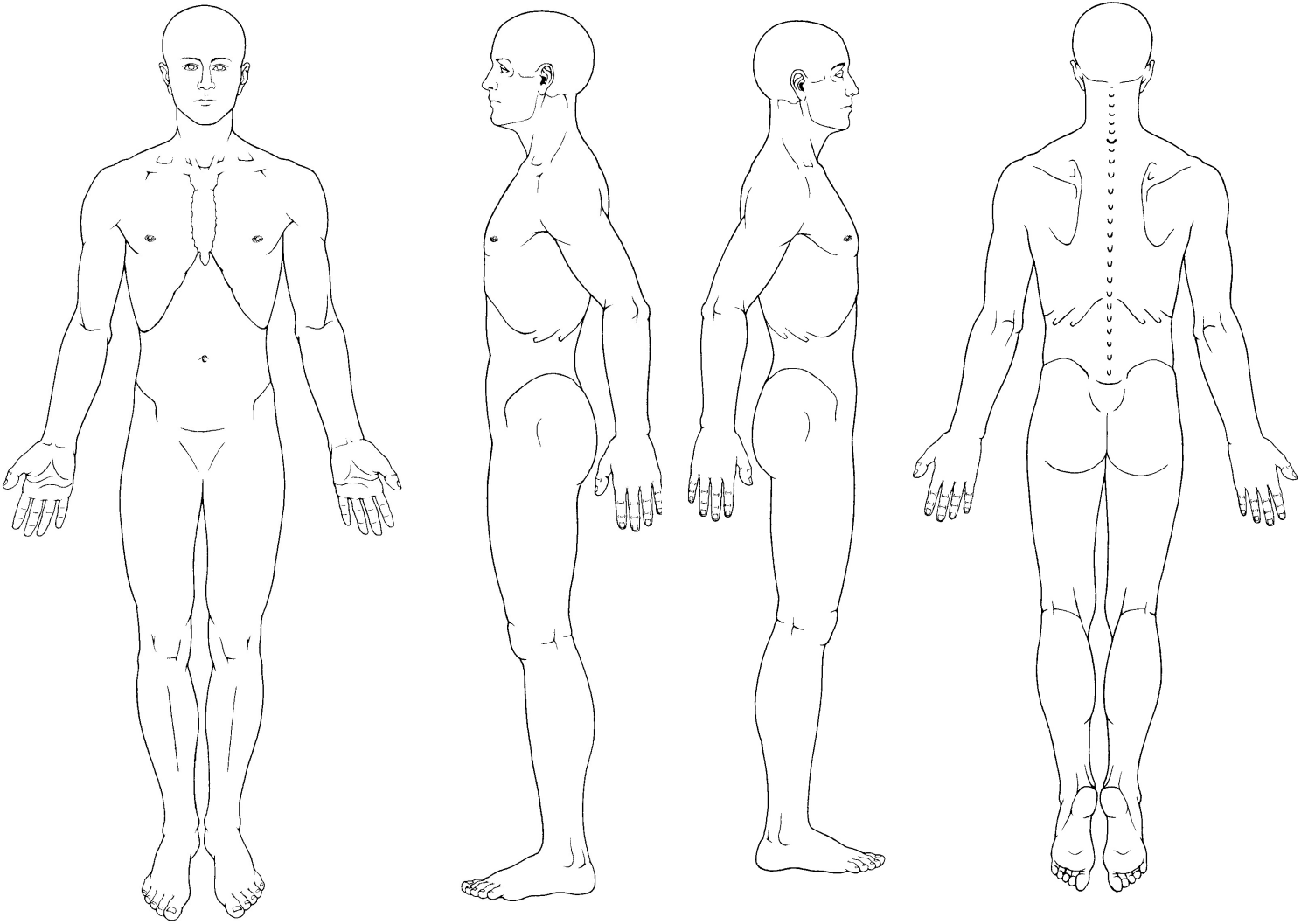


PAIN LOCATION



Please mark off the entire area of your complaint on the diagram above. Please use the following letters on the pain diagram to accurately describe your condition.

- PPP Where you experience Pain
- NNN Where you experience Numbness
- TTT Where you experience Tingling
- BBB Where you experience Burning
- SSS Where you experience Stabbing
- AAA Where you experience Aches

Please indicate the level of your pain on a scale of 0-10

No Pain 1 2 3 4 5 6 7 8 9 10 Unbearable Pain
(Would call ambulance)

PATIENT SIGNATURE _____ DATE _____