

# PATIENT PAIN DRAWING

Name: \_\_\_\_\_

*Using the symbols given below, mark the areas on your body where you feel the described sensation.*

ACHING

~~~~~

NUMBNESS

\_\_\_\_\_

PINS & NEEDLES

oooooooo

BURNING

xxxxxxxxx

STABBING

//////////

SEVERE PAIN

#####

BACK

FRONT

Left

Right

Left

