**COMPREHENSIVE SPINE CARE, P.A.**

**PAIN DIAGRAM**

NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHERE IS YOUR PAIN NOW?

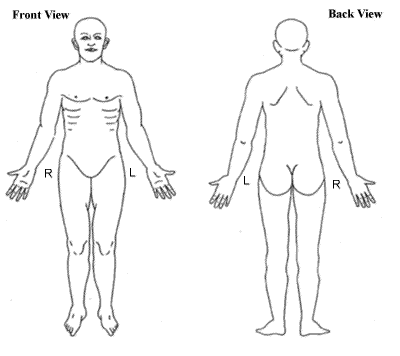
MARK THE AREAS ON YOUR BODY WHERE YOU FEEL THE DESCRIBED SENSATIONS

ACHE NUMBNESS PINS & NEEDLES BURNING STABBING

**AAA OOO ---- XXX IIII**

**AAA OOO ---- XXX IIII**

**AAA OOO ---- XXX IIII**



**PAIN SCALE**

(CIRCLE ONE)

**1-2-3-4-5-6-7-8-9-10**

MINIMUM-----------------MAXIMUM