

NAME: _____

DATE: _____

PAIN DRAWING

Mark the areas on your body where you feel the described sensations.
Use the appropriate symbol. Mark areas of radiation. Include all affected areas.
Just to complete the picture please draw in your face.

Sharp,
Stabbing
Pain

Dull,
Aching
Pain

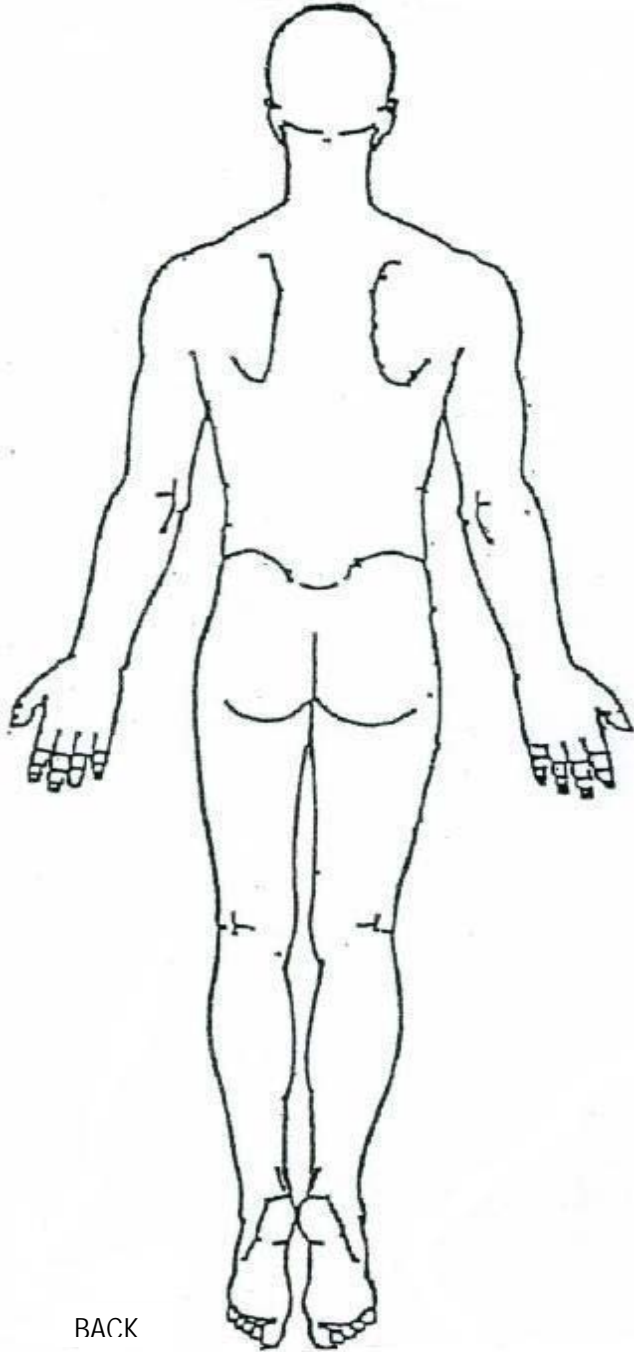
0000
0000
0000

Numbness

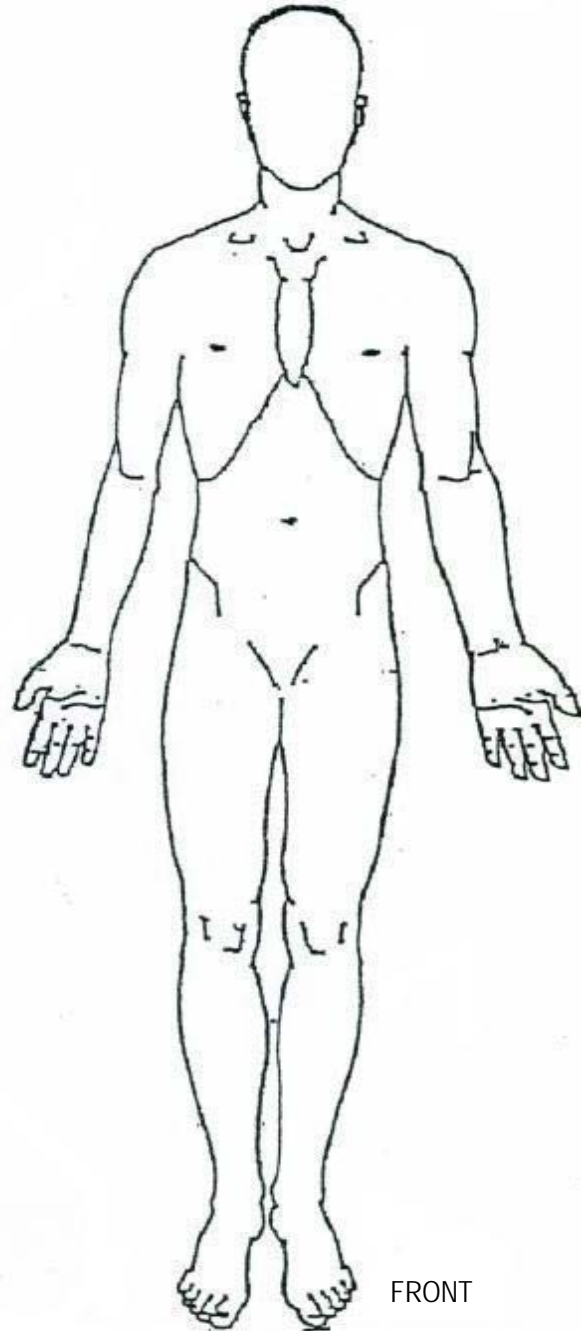
xxxx
xxxx
xxxx

Pins and
Needles

///
///
///



BACK



FRONT