

Pain Drawing

Patient Name: _____ Date: _____ Age: _____

Where is your pain now?

Mark the areas on the diagram that indicate where you feel the described sensations. Use the appropriate symbols (indicated below). Mark areas of radiating pain. Include all affected areas.

Comparing pain in neck and arm(s)

neck pain worse

arm(s) worse

about the same

Ache

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 ^^^^

Pins and Needles

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 ooooo

Numbness

■ ■ ■
 ■ ■ ■

Burning

xxxxxx
 xxxxxx

Stabbing

// // // // // // // //
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Comparing pain in back and leg(s)

back pain worse

leg(s) worse

about the same

How bad is your pain now?

Please indicate on the scale below, from 1 to 10, how you would rate your pain intensity now. 1 => no pain, 10 => pain so severe you are writhing on the floor

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

No Pain

Worst Pain

Please list the medications you are currently already taking for your pain:

Please list the treatments you have tried for your condition:

- physical therapy
- epidural steroid injection (done in operating room with Xray)
- chiropractic care
- acupuncture