

# APEX MEDICAL CENTER

## PAIN DIAGRAM

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

When did your pain start? Month: \_\_\_\_\_ Year: \_\_\_\_\_

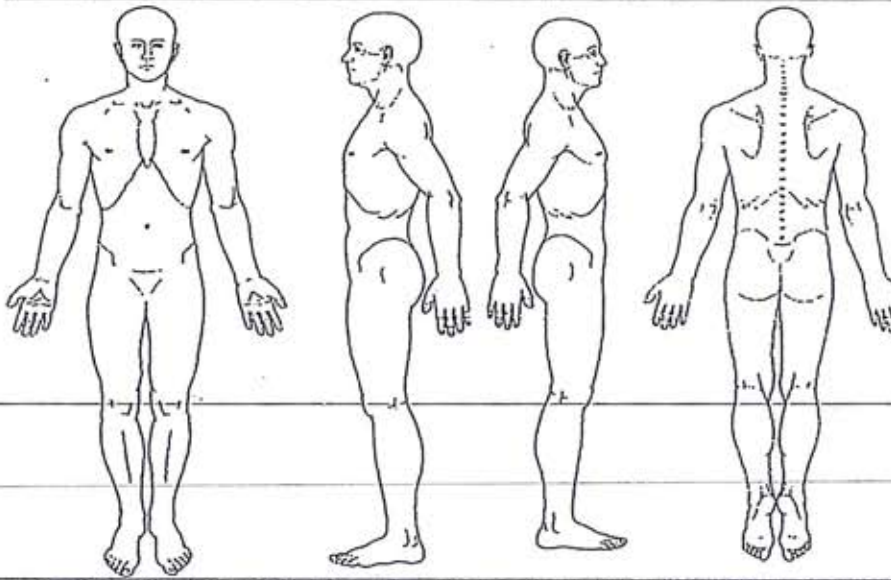
Please mark off your area of complain on the diagram below. Use the following KEY'S to describe your symptoms:

KEY

A= Ache B= Burning N= Numbness P= Pins & Needles S= Stabbing O= Other

Use an arrow to indicate the direction of any radiating pain.

### PAIN LOCATION



FRONT  
Right Left

SIDE  
Left

SIDE  
Right

BACK  
Left Right

### Pain Scale



No Pain

Least Pain

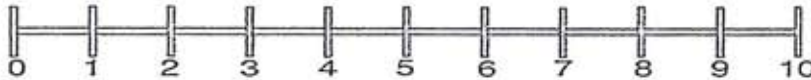
Mid Pain

Moderate Pain

Severe Pain

Excruciating Pain

Circle One



Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_