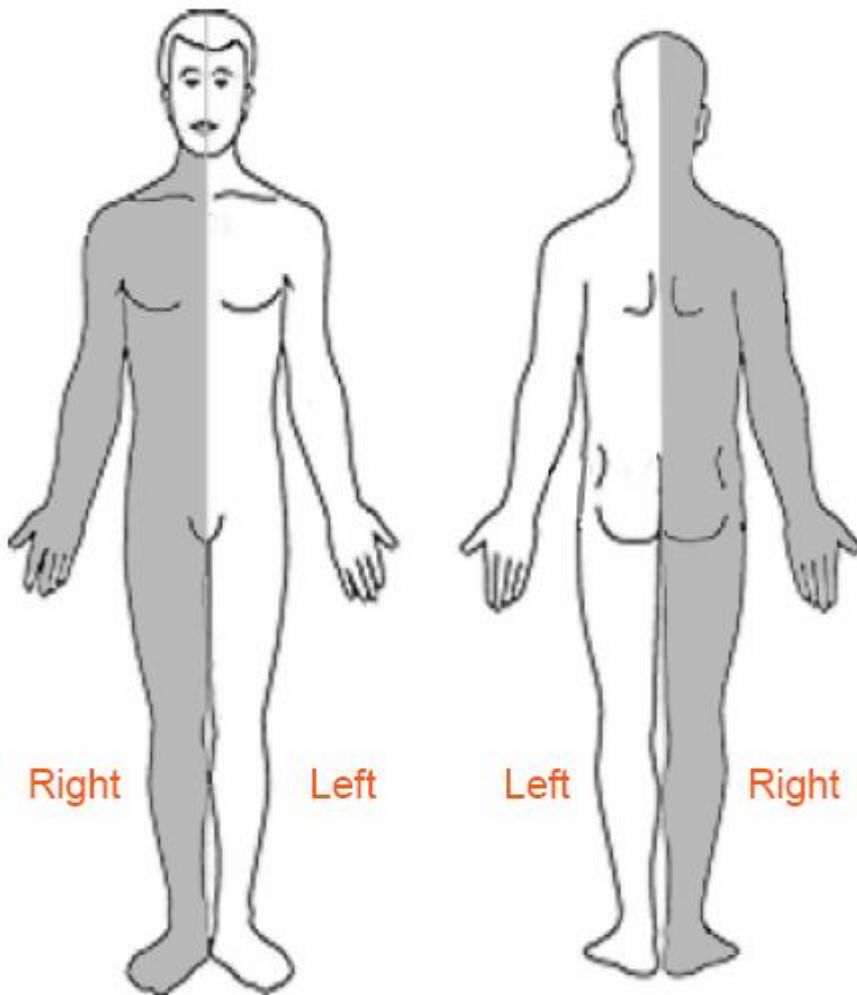


Date: _____

PATIENT NAME: _____

DATE OF BIRTH: _____

Please mark the areas on the drawing where you feel your pain. Please use appropriate symbol provided below.



----- Numbness

oooooo Pins and Needles

xxxxxx Burning

///// Stabbing

□ □ □ Aching