

Body Pain Diagram

Name: _____ Date: _____

Chief Complaint: _____

Goals: _____

Please indicate on body chart:

- XXXX Stabbing
- ***** Aching
- OOOO Throbbing
- //// Tingling
- Numbness
- <<<< Burning

Please add any information you think is pertinent: _____

Pain Level on Scale 0-10 (0 = no pain):

Currently ____ At Best ____ At Worst ____

Are your symptoms:

Constant Intermittent
Getting Better Staying the Same Getting Worse

What make symptoms better? _____

What makes symptoms worse? _____

