

Patient Name: _____ Date: _____

Darren Bergey, MD

Pain Drawing

Instructions:

Mark the areas on your body where you feel the described sensations. Use the appropriate symbol. Mark the areas of radiation. Include all affected areas.

Ache

^^^^^^
^^^^^^

Numbness

oooooo
oooooooo

Pins & Needles

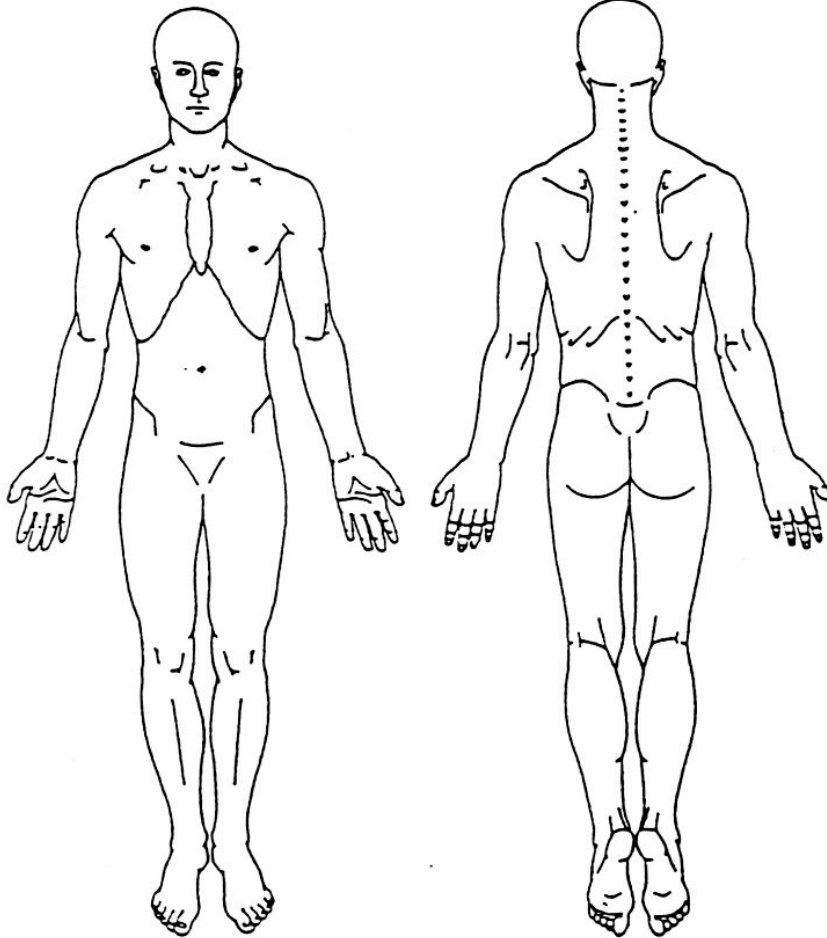
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Burning

xxxxxx
xxxxxx

Radiating Pain

////////
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Neck Pain _____ %
Arm Pain _____ %
Back Pain _____ %
Leg Pain _____ %

Total = 100%

No Pain ☺

Please mark on the line how bad your pain is.

Worst Pain ☹

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

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