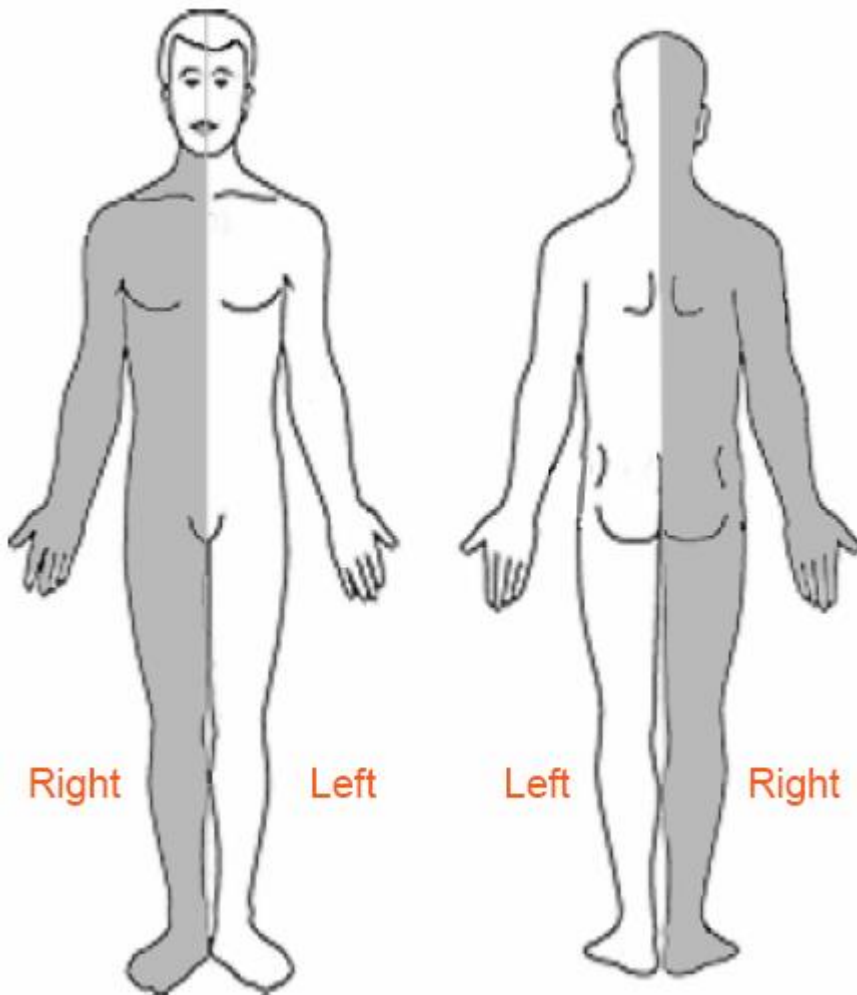


Date: _____

PATIENT NAME: _____ DATE OF BIRTH: _____

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



----- Numbness

xxxxxx Burning

□ □ □ Aching

oooooo Pins and Needles

///// Stabbing