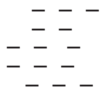




## Area(s) of Pain of Unusual Feeling

Mark the areas on the body model where you feel the described sensations, including areas where the sensation has radiated. Use the appropriate symbols. Include all affected areas.

### Numbness



### Pins & Needles



### Burning



### Aching



### Stabbing



Please mark the pain you feel with this condition on the pain scales below (10 being the worst pain you have felt with this condition).

### Neck/Shoulder/Arm Pain

On a scale of 0 to 10,  
I rate my discomfort as follows:



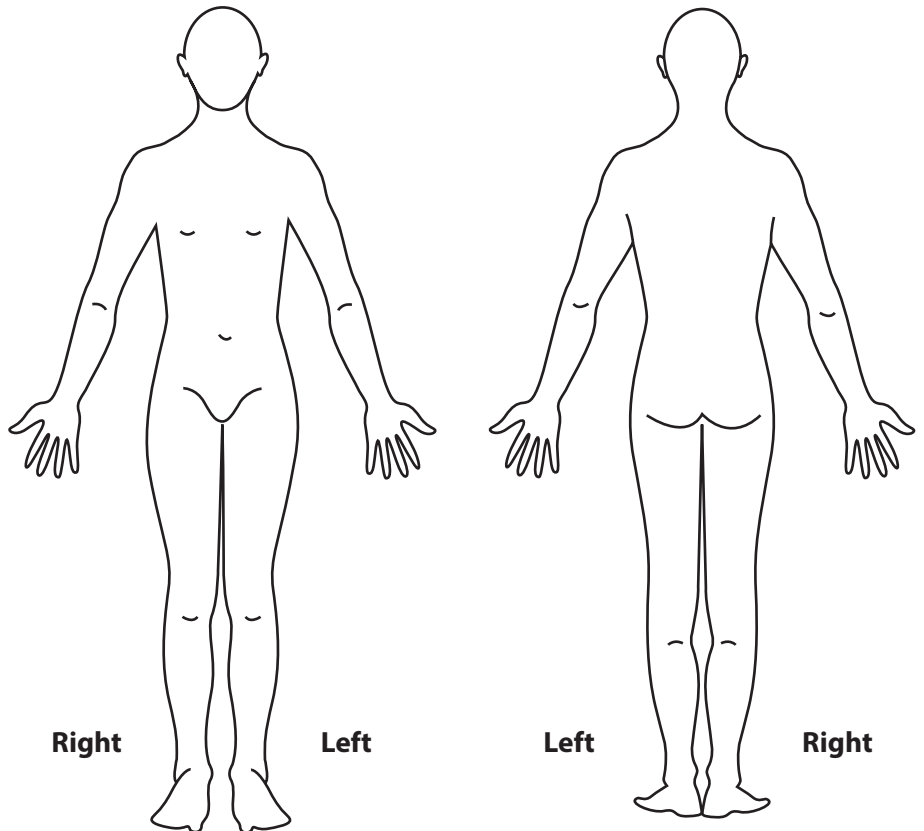
### Mid Back Pain

On a scale of 0 to 10,  
I rate my discomfort as follows:



### Low Back/Leg Pain

On a scale of 0 to 10,  
I rate my discomfort as follows:



Patient Signature \_\_\_\_\_ Date \_\_\_\_\_