

# Symptom Diagram

Patient's Name: \_\_\_\_\_ File #: \_\_\_\_\_ Date: \_\_\_\_\_

In the diagrams provided below, please mark the areas on your body, which you feel best represents the pain(s) or sensation(s) you are experiencing. Please include *all* areas. Use the symbols provided below. Also, in order to complete the picture, please draw in your face.

Symbols:

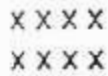
Numbness



Pins & Needles



Burning



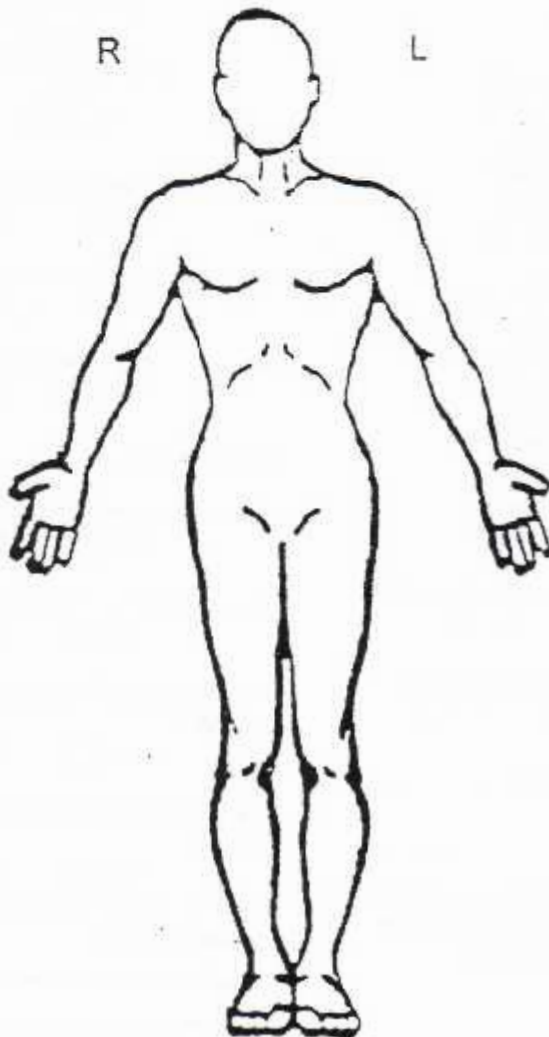
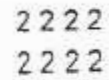
Stabbing & Sharp



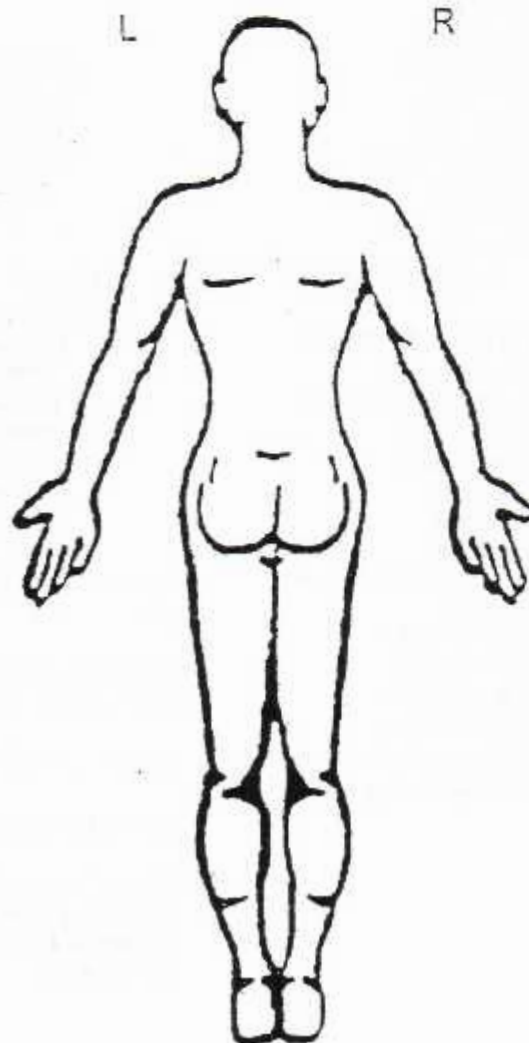
Dull & Aching



Stiff & Tight



Front



Back