

# PAIN CHART

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ File #: \_\_\_\_\_  
Last, First MM/DD/YYYY MM/DD/YYYY

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Show area(s) of pain or unusual feeling on the diagrams below.

Mark the areas on the diagrams where you feel the described sensations. Use the indicated symbols and include all affected areas.

NUMBNESS  
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PINS & NEEDLES

OOOOOOOOOO

BURNING

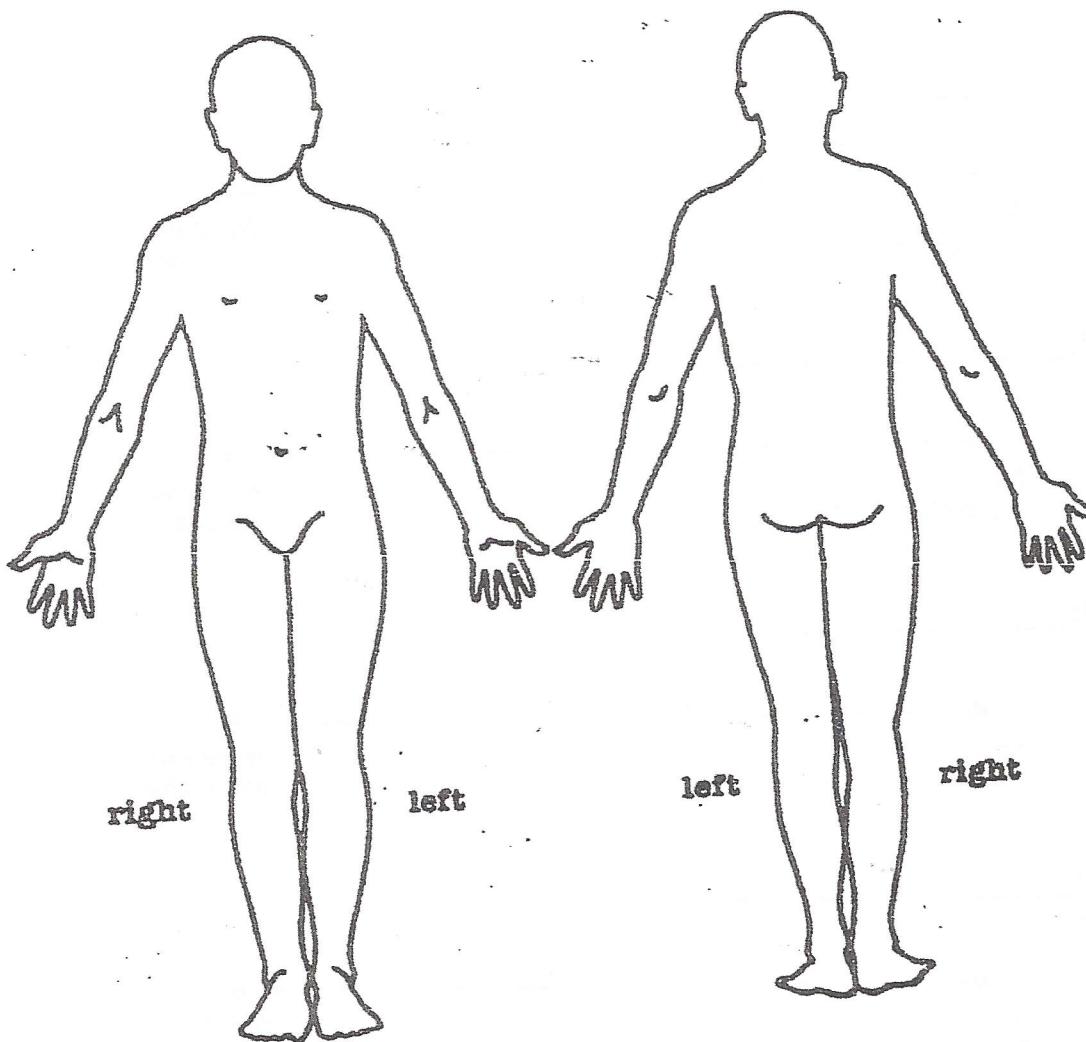
XXXXXX

ACHING

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STABBING

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

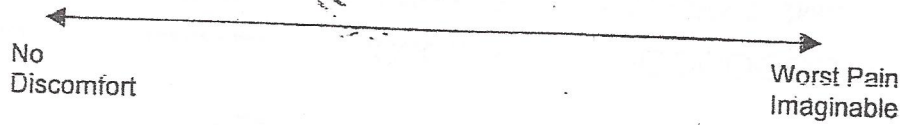
\_\_\_\_\_  
Clinician's Initials

**VISUAL PAIN SCALE**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_ File #: \_\_\_\_\_  
Last, First MM/DD/YYYY MM/DD/YYYY

The lines below are used to represent the intensity of discomfort you might have in your body. Please **indicate the area or region of the body**, then **place an "X" at the position on the line** that indicates how much discomfort you feel in that area.

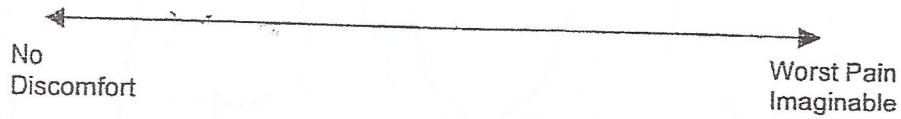
AREA #1: \_\_\_\_\_



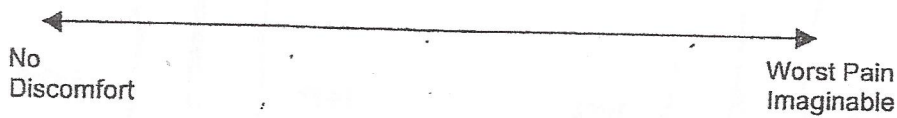
AREA #2: \_\_\_\_\_



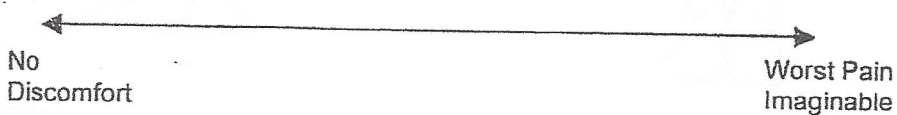
AREA #3: \_\_\_\_\_



AREA #4: \_\_\_\_\_



AREA #5: \_\_\_\_\_



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

\_\_\_\_\_  
Clinician's Initials