

## Body Pain Indicator Chart

Date: \_\_\_\_\_ Doctor: \_\_\_\_\_

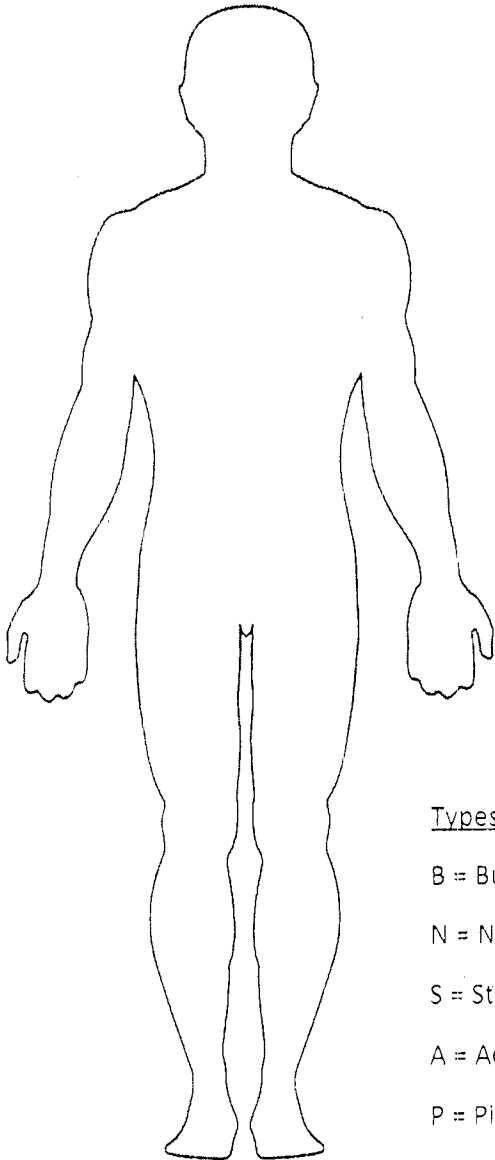
Patient's Name: \_\_\_\_\_ Ref #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female  Height: \_\_\_\_\_ Weight: \_\_\_\_\_

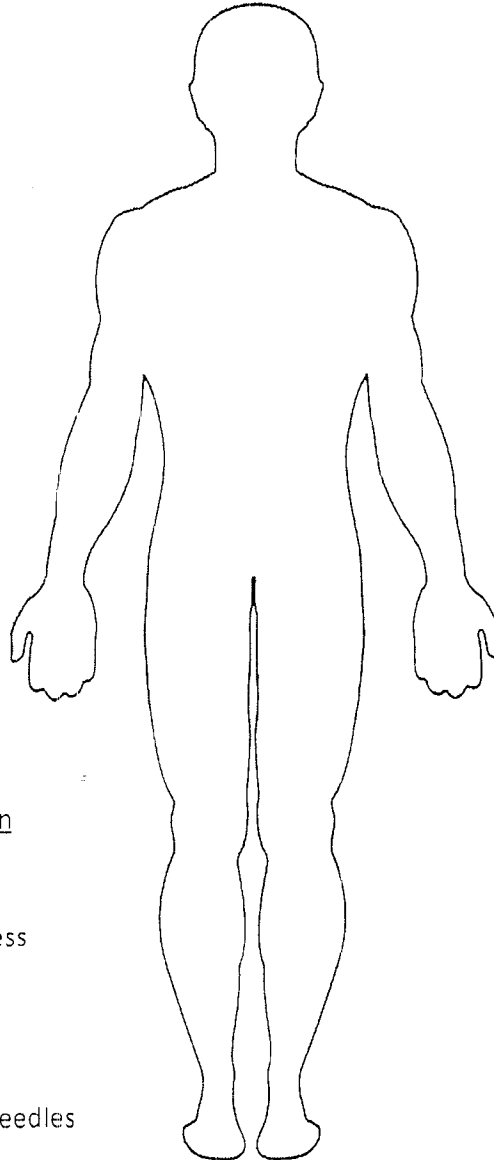
Insurance Details: \_\_\_\_\_

Use a pencil or pen to indicate the body areas where you are experiencing pain or discomfort.

Front



Back



### Types of Pain

B = Burning

N = Numbness

S = Stabbing

A = Aching

P = Pins & Needles

Circle your current pain level on a scale of 1 – 10

(NO pain) 0 1 2 3 4 5 6 7 8 9 10 (Worst pain)