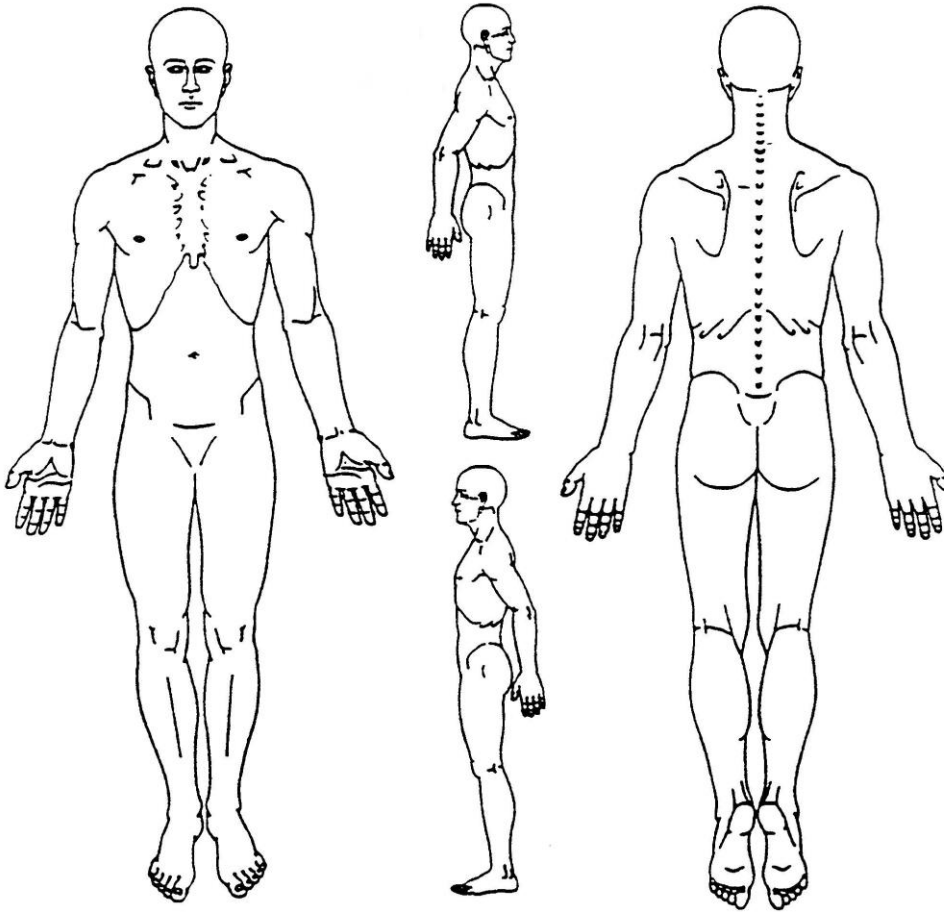


Pain Diagram

Please mark the area of injury or discomfort on the chart below, using the appropriate symbols:

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	○ ○ ○ ○ ○	^ ^ ^ ^	X X X X	⊕ ⊕ ⊕ ⊕
-----	○ ○ ○ ○ ○	^ ^ ^ ^	X X X X	⊕ ⊕ ⊕ ⊕
-----	○ ○ ○ ○ ○	^ ^ ^ ^	X X X X	⊕ ⊕ ⊕ ⊕



NAME _____ DATE _____

No Pain |-----| Worst Possible Pain
 Please make a slash through this line as to the level of your pain

 Patient Signature



**1000 N Center Street
 Ebensburg, PA 15931**