

## PAIN DRAWING

PATIENT NAME \_\_\_\_\_

PATIENT ID # \_\_\_\_\_

### KEY

| USE LETTERS BELOW TO INDICATE TYPE AND LOCATION OF DISCOMFORT |                    |              |
|---|--------------------|--------------|
| A = ACHE  | B = BURNING        | C = STABBING |
| N = NUMBING   | P = PINS & NEEDLES | O = OTHER    |

DATE \_\_\_\_\_

