



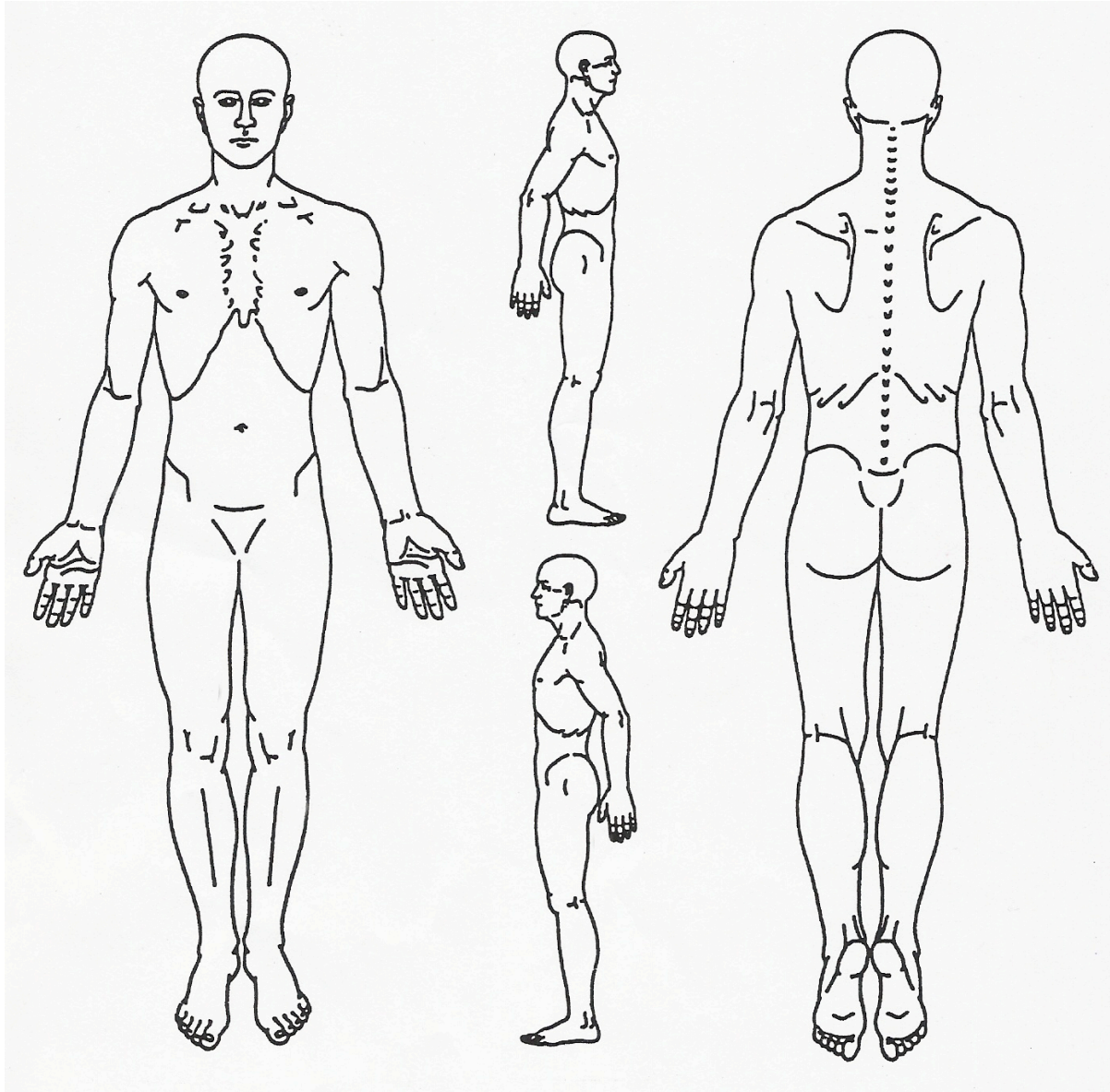
SEVEN SPRINGS ORTHOPAEDICS
& SPORTS MEDICINE

PAIN DRAWING

PATIENT NAME: (please print) _____ Today's Date: _____

Please mark the figures below with the letters that best describe the sensation or pain you are feeling. Please mark areas where pain radiates or spreads with a □, □, or □, □ arrow to indicate the direction of radiating pain. (Include all affected areas)

A = Aching	B = Burning	R = Radiating Pain	D = Dull Pain
N = Numbness	S = Stabbing	P = Pins & Needles	O = Other



Please indicate how you would rate your pain (LOW) 0 1 2 3 4 5 6 7 8 9 10 (HIGH)