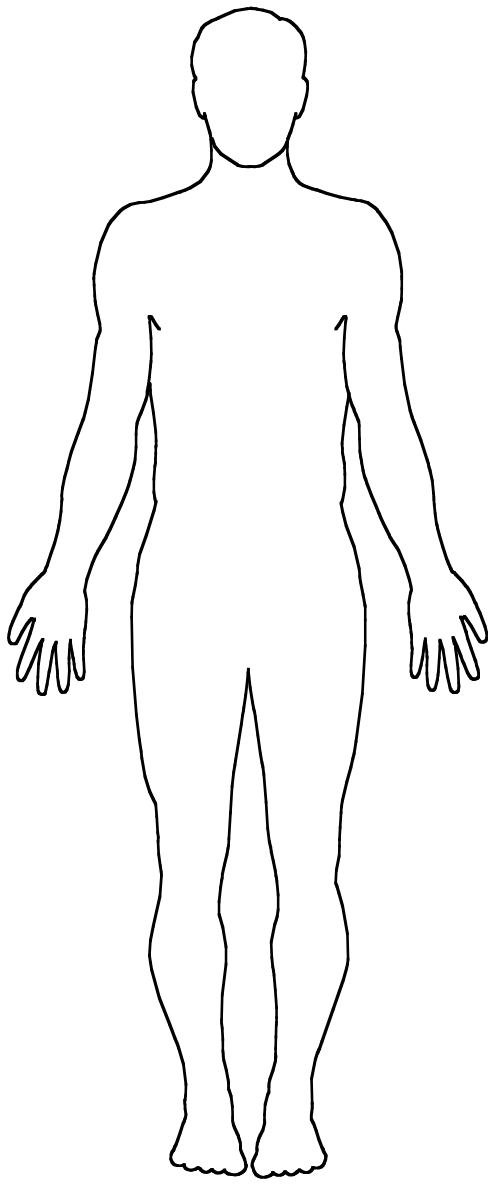


Patient Name	Date of Birth	Today's Date
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Mark the areas on the body where you feel the described sensations. Use the appropriate symbol. Include all affected areas.

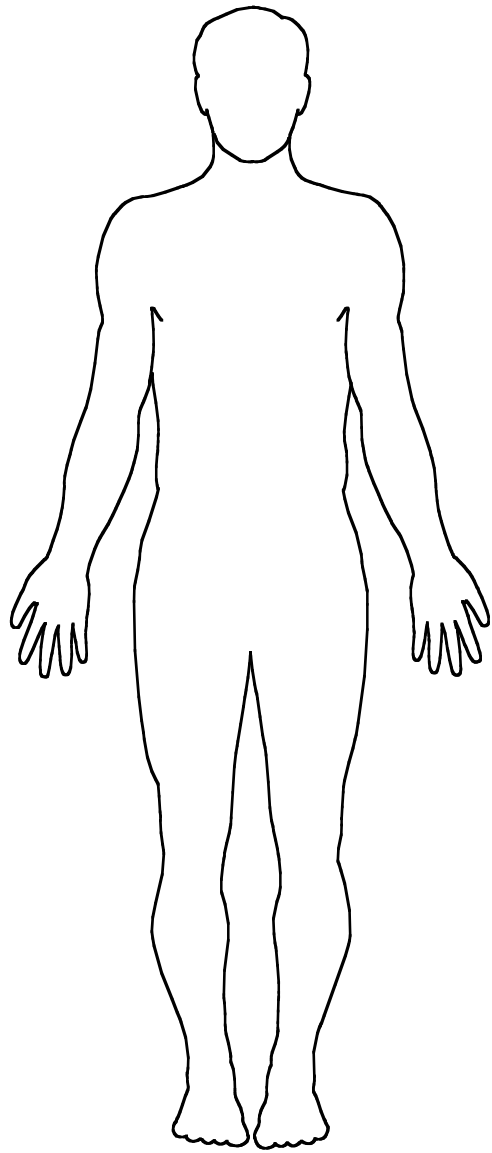
ACHE	BURNING	NUMBNESS	STABBING	PINS & NEEDLES
*****	#####	00000	/////	XXXXXX
*****	#####	00000	/////	XXXXXX

Front Side



Left Side

Back Side



Right Side

Left Side

Right Side