

ASSOCIATED NEUROLOGICAL SPECIALTIES
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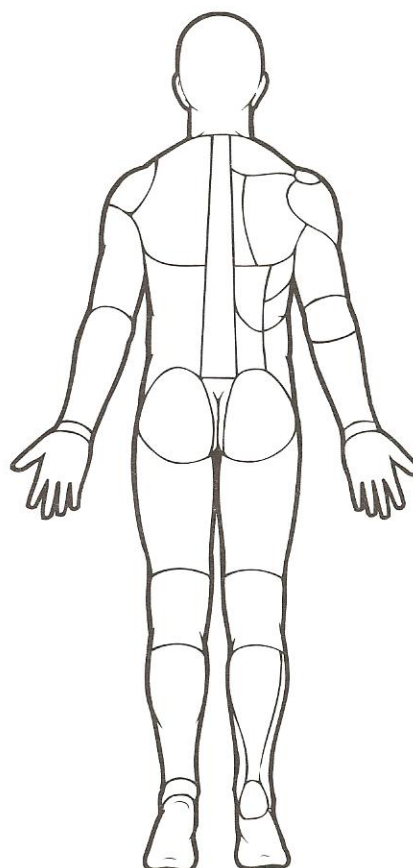
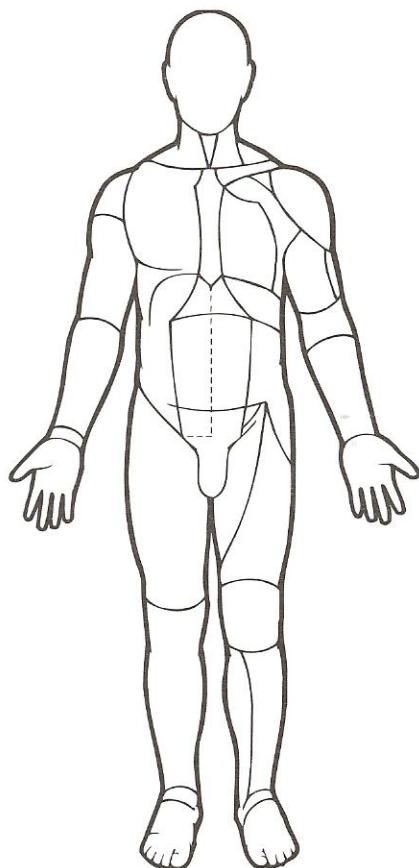
PAIN DIAGRAM

Please mark the areas of your body where you feel the described sensations. Use the appropriate symbols to mark all the affected areas. Thank you.

Numbness: =====
Burning: X X X X

Pins and needles: O O O O
Stabbing Pain: ////

Aching Pain: ((((



PLEASE SIGN AND DATE THIS FORM CLEARLY.

Patient Print Name

DOB

Signature of responsible party

Date