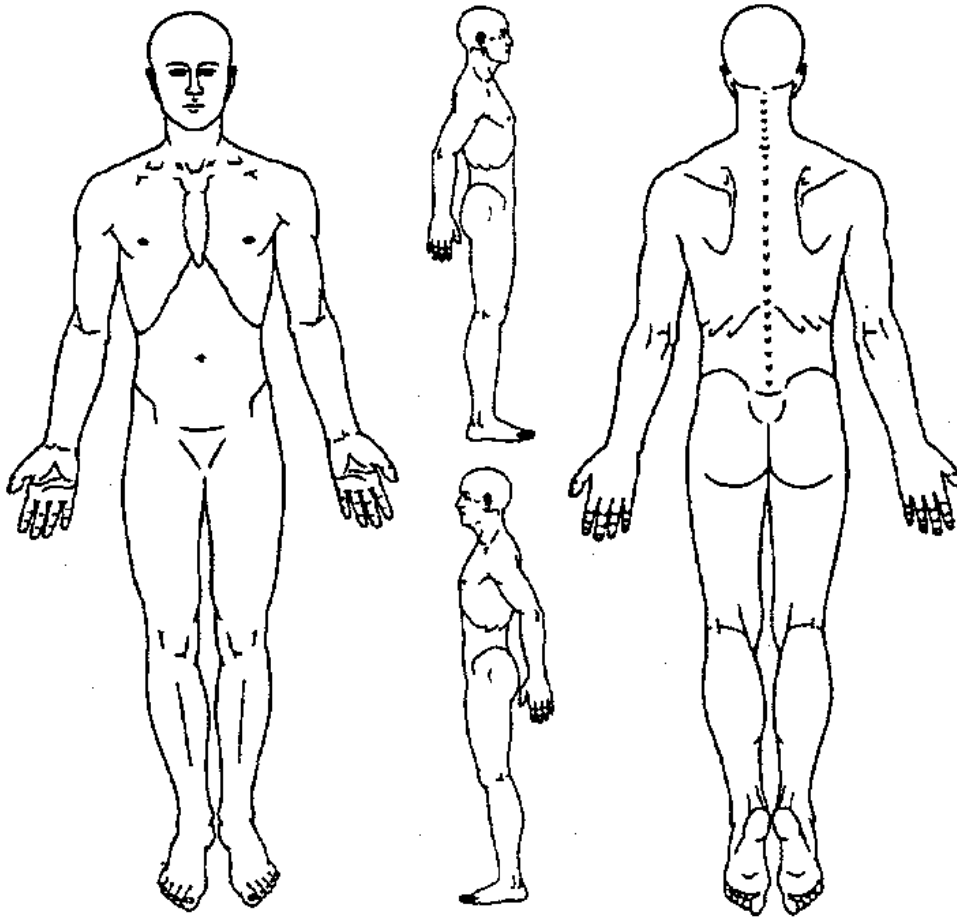


Pain Diagram

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

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	0 0 0 0 0	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗



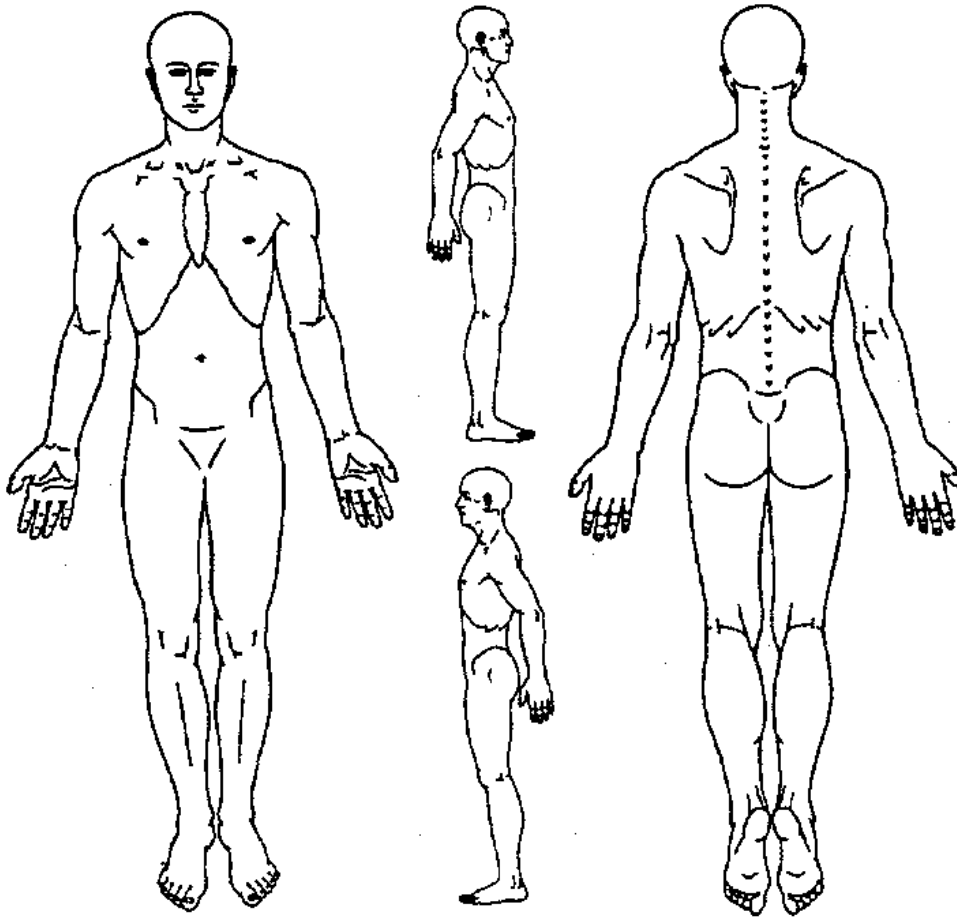
Please use the space below to describe your condition further if needed:

Date: _____ Signature: _____

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-----	0 0 0 0 0	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗
-----	0 0 0 0 0	^ ^ ^ ^ ^	x x x x	⊗ ⊗ ⊗ ⊗



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