

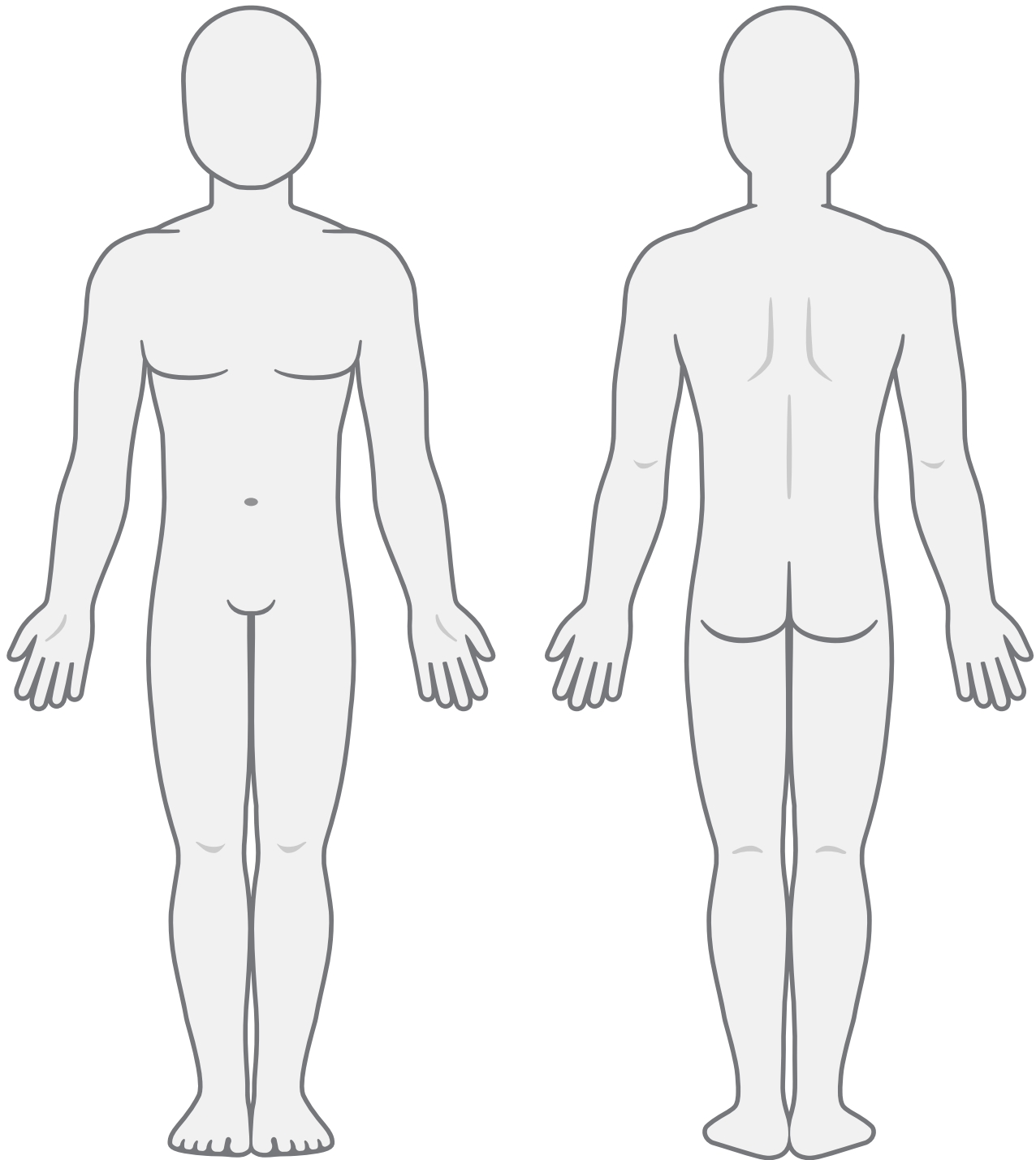
Patient Pain Assessment

Pain Assessment

Mark the body images using the symbols below.

Moderate pain: ✕ Shooting or stabbing pain: ►

Severe pain: ✱ Numbness or tingling: ●



The above information is complete, true and correct to the best of my knowledge.

Patient/Guardian Signature _____ Date _____