COLORADO CENTER
FOR PHYSICAL THERAPY

Name______________________

Date ______________

Mark the areas on the figures below where you feel pain or other sensations. Use appropriate symbols as illustrated below. Chart all affected areas of pain and radiation.

Dull Ache: _ _ _ _
_ _ _ _
_ _ _ _

Stabbing Sensation: / / / /
/ / / /
/ / / /

Numbness & Tingling xxxx
xxxx
xxxx

Pins & Needles Sensation I I I I
I I I I
I I I I

Burning/Thermal U U U U
U U U U
U U U U