

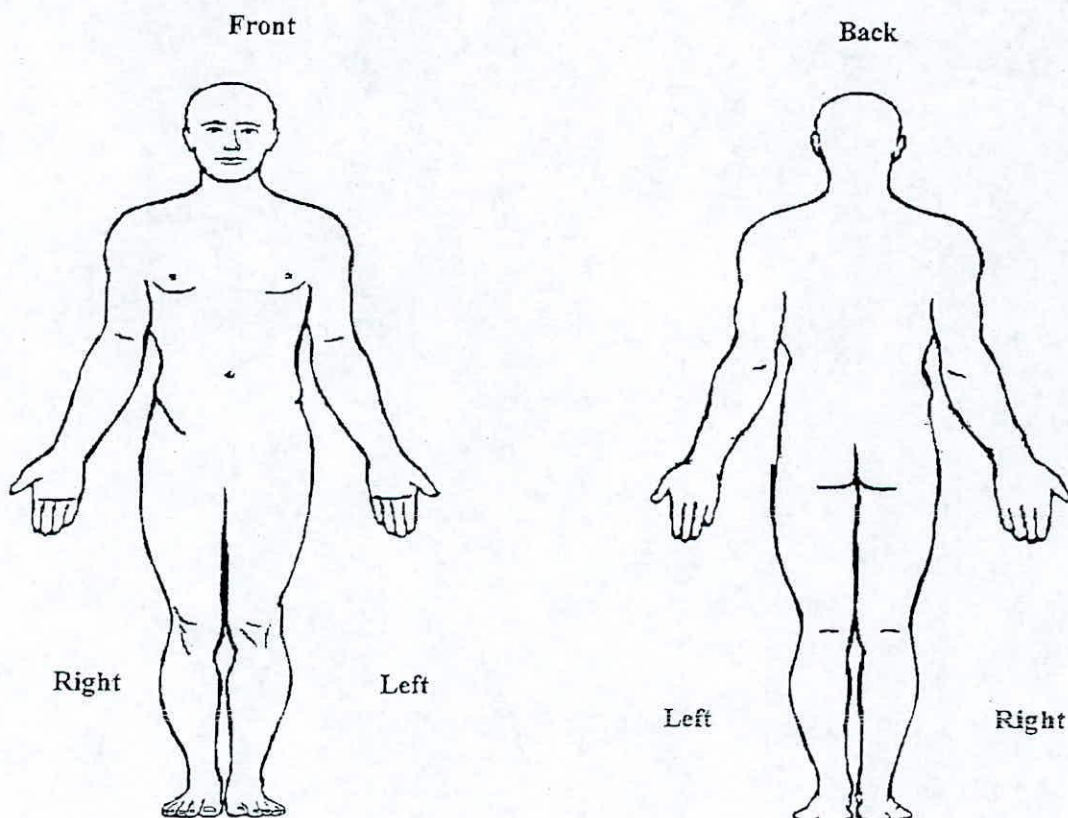
Employee: _____

Employer: _____

Claim#: _____

Pain Diagram

Using the diagrams below, circle and label the areas where you feel any of the following sensations:
1. Numbness 2. Pins and Needles 3. Burning Pain 4. Stabbing Pain 5. Aching Pain
If the sensation is spreading to other areas, use arrows to indicate where and in which direction. Please fill this out as carefully as possible, as it helps the physician to better understand where and how you are hurting.



Please briefly describe your injury;

Signature

Date