

PLEASE MARK ON DIAGRAM WHERE YOU ARE HAVING PAIN:

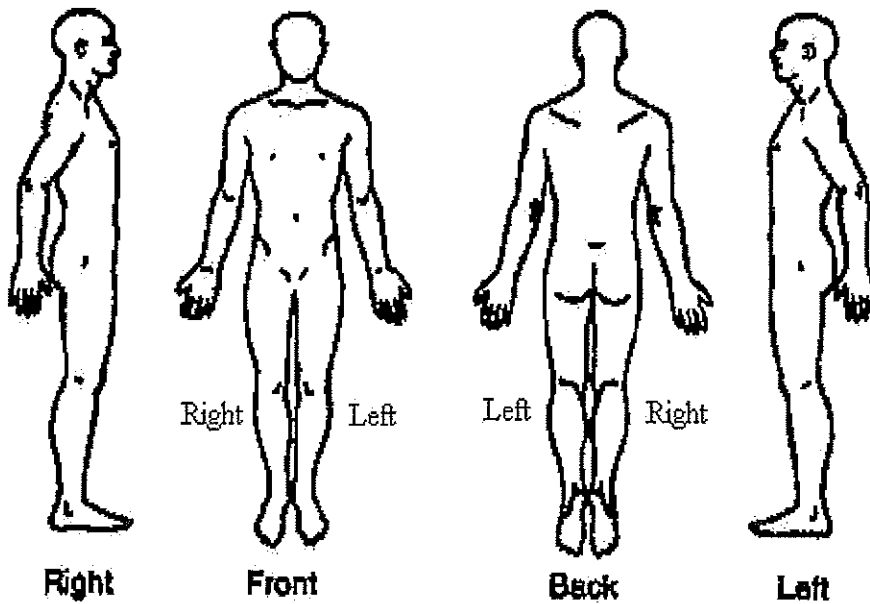
Key:

Numbness: -----

Pain and needles: 00000

Burning: ^^^^^^

Stabbing: +++++



ADDITIONAL INFORMATION YOU WOULD LIKE YOUR PHYSICAL THERAPIST TO KNOW: _____
