

Alta Orthopedic Back / Neck Evaluation

PAIN DIAGRAM

NAME: _____ DATE: _____

Please mark the areas of your body where you feel your sensation. Be sure to use the appropriate symbol. Include all affected areas.

Numbness	Pins & Needles	Burning	Stabbing/Sharp	Ache/Dull
#####	ooo ooo	xxx xxx	/// /// ///	vvv vvv vvv
#####	ooo ooo	xxx xxx	/// /// ///	vvv vvv vvv

