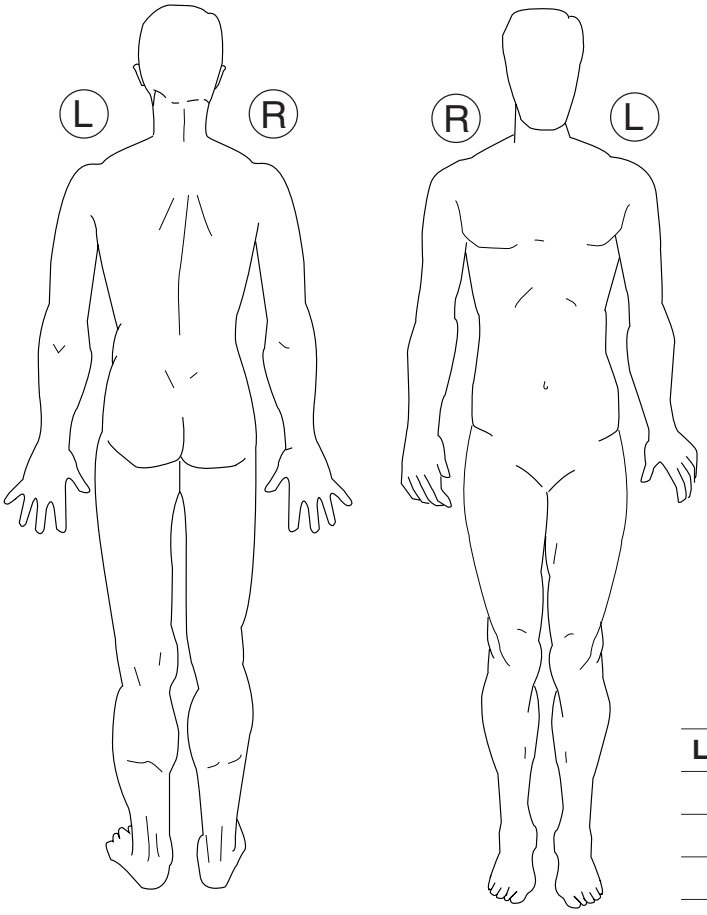
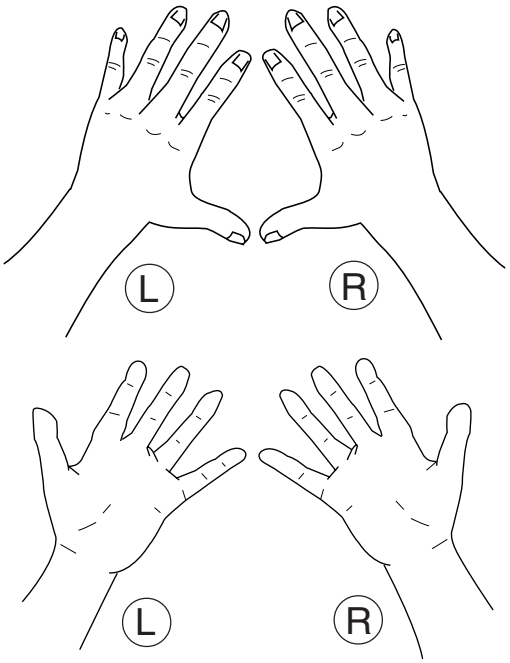
KAISER PERMANENTE®

PAIN DIAGRAM *Please use a pen*

IMPRINT AREA

PATIENT'S NAME	DATE	MR#





Dominant hand: ☐ Left ☐ Right

DRAW YOUR PAIN

Using a pen - mark in the areas on the diagrams where you have pain/numbness.

X = Pain
o = Numbness

RATE YOUR PAIN ON THIS SCALE. (Mark with an X)

0 = No Pain 10 = Worst possible pain

PAIN TODAY

0 ——————————— 10

LEAST (pain in last 2 weeks)

0 ——————————— 10

WORST (pain in last 2 weeks)

0 ——————————— 10

LIST ALL DRUG, ENVIRONMENTAL, AND FOOD ALLERGIES

LIST ALL MEDICATIONS YOU TAKE (Including nonprescription)

(Check the box for those meds that you take for this problem.)

	Medication	Dosage
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