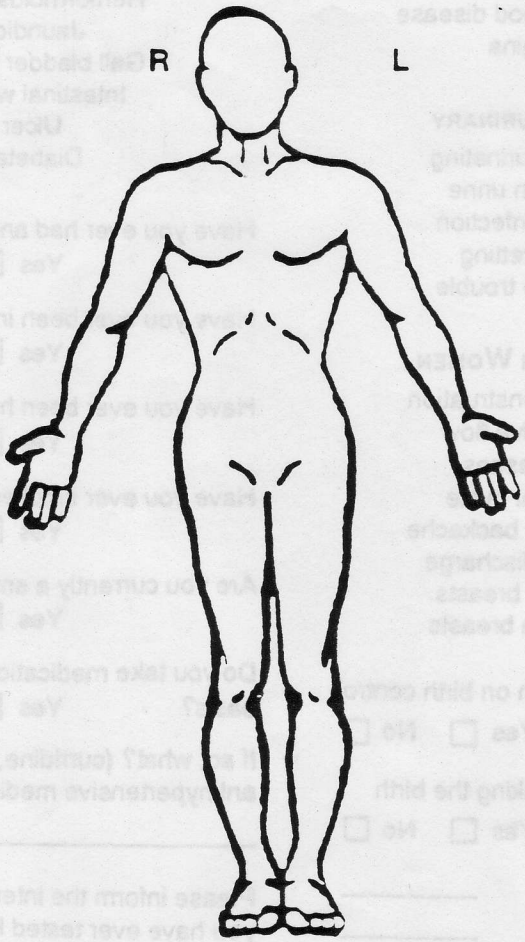
CMCC Symptom Diagram

Patient Name: _____ File #: _____ Date: _____

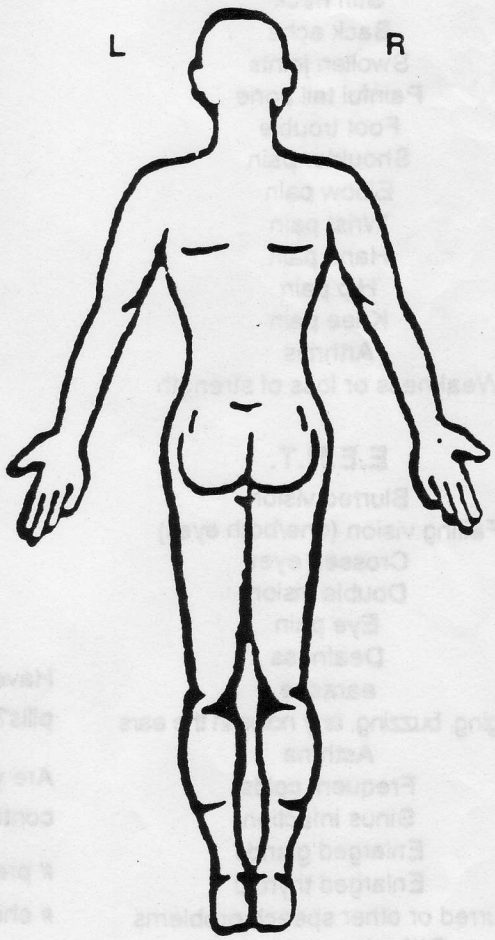
In the diagrams provided below, please mark the areas on your body which you feel best represent the pain(s) or sensation(s) you are experiencing. Please include *all* areas. Use the symbols provided below. Also, in order to complete the picture, please draw in your face.

SYMBOLS:

numbness	≡≡≡	**pins & needles**	••••• •••••
burning	xxx xxx	**stabbing & sharp**	//////
dull & aching	+++ +++	**stiff & tight**	222 222



FRONT



BACK