



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 

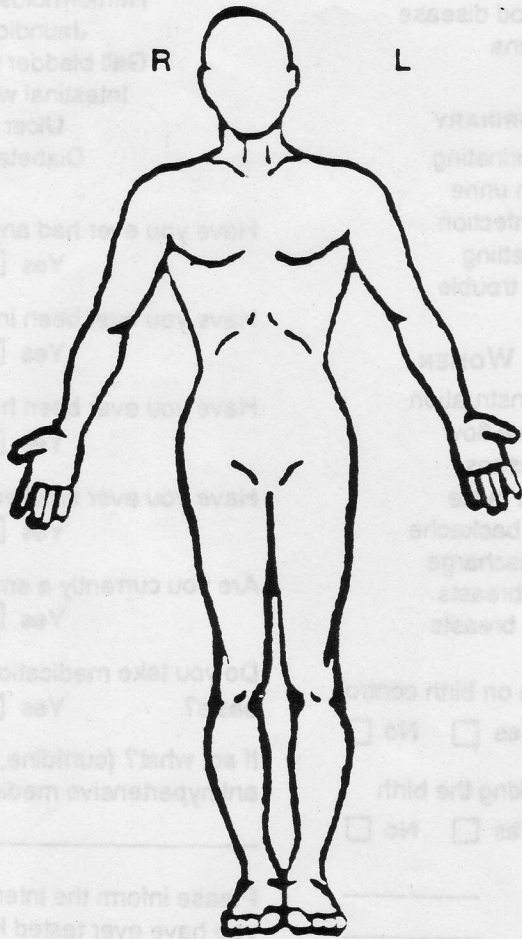
pins & needles 

burning 

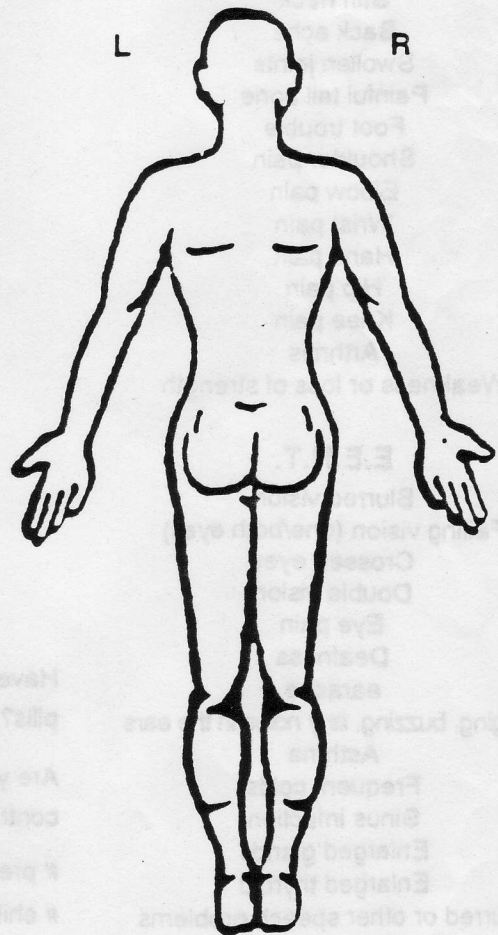
stabbing & sharp 

dull & aching 

stiff & tight 



FRONT



BACK