

One Goal Wellness

E&M Pain Drawing

Please circle the word that best describes your pain, and your level of pain with this condition/most recent episode.

0 being no pain, 10 being hospitalization.

Type of **neck** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Type of **shoulder/upper arms** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Type of **forearm/hand** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

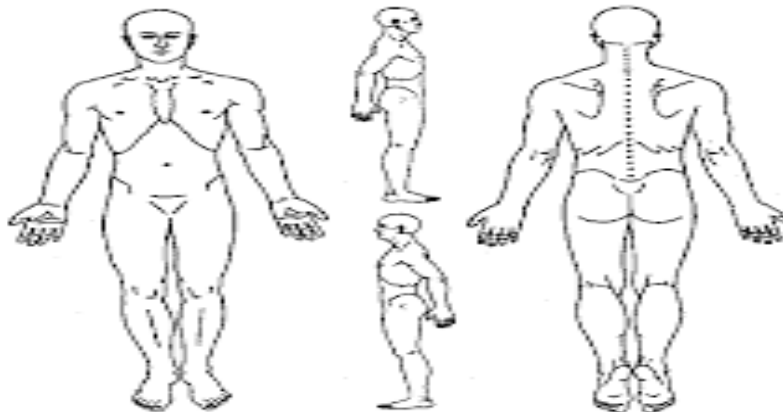
Type of **mid-back** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Type of **low-back** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Type of **hip/leg** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Type of **foot/ankle** pain: Stiff Achy Burning Numb/Tingling Sharp Throbbing Pressure Spasms
Circle pain level: 0 1 2 3 4 5 6 7 8 9 10

Mark areas of pain on figures below:



Patient name: _____

Patient Signature: _____

Date _____