

PAIN DRAWING

NAME _____ DATE _____

Newman Chiropractic

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SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

Mark the areas of the body where you feel the described sensations.
Use the appropriate symbols. Include all affected areas.

NUMBNESS

PINS & NEEDLES

00000000
00000000
00000000

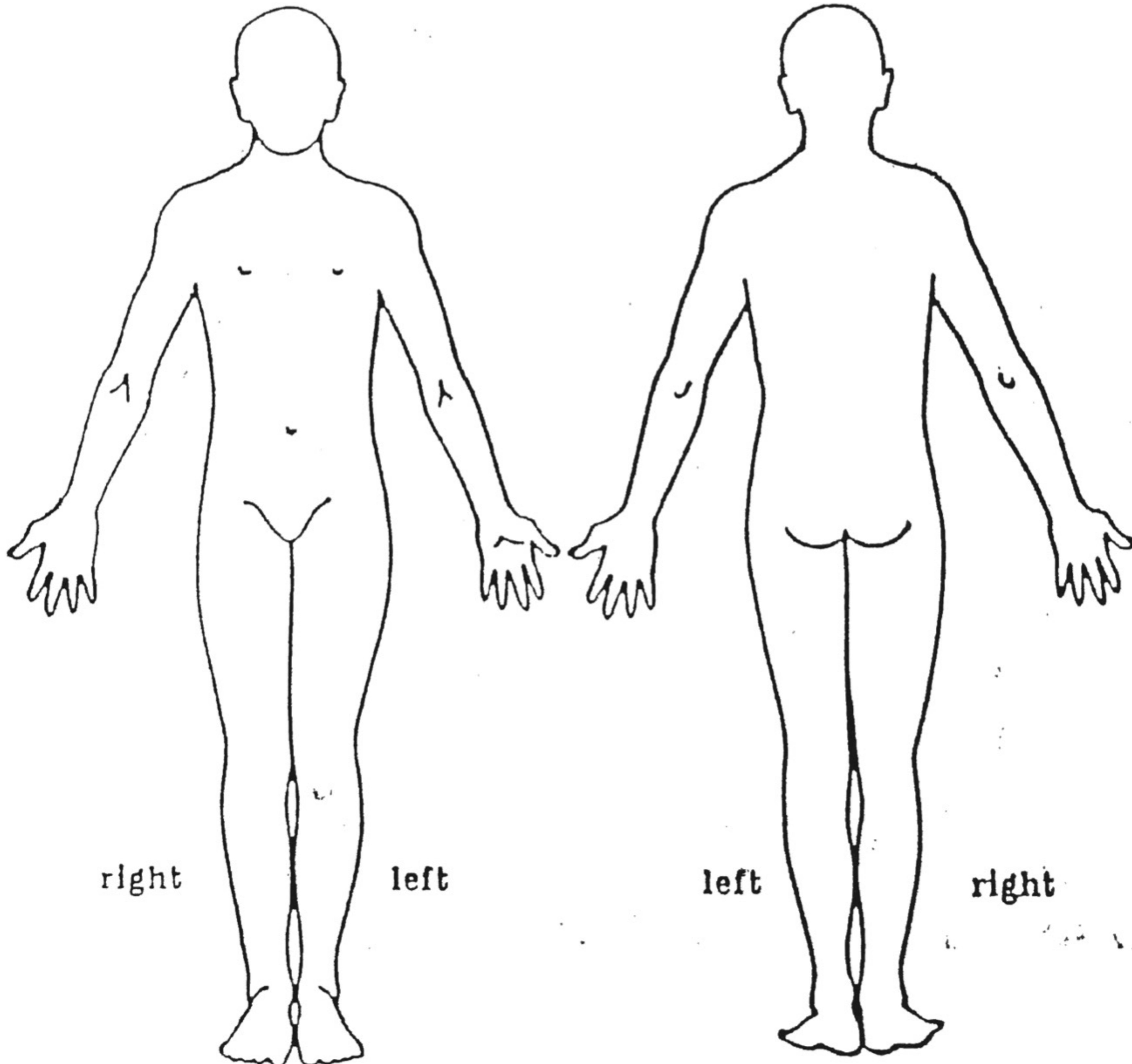
BURNING

XXXXXX
XXXXXX
XXXXXX

ACHING

STABBING

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Patient's Signature _____ Date: _____