



COLORADO CENTER  
FOR PHYSICAL THERAPY

Name \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Directions:

Mark the areas on the figures below where you feel pain or other sensations.  
Use appropriate symbols as illustrated below. Chart all affected areas of pain and radiation.

Dull Ache: ---  
---  
---

Stabbing Sensation: ///  
///  
///

Numbness & Tingling: xxxx  
xxxx  
xxxx

Pins & Needles Sensation: ||||  
||||  
||||

Burning/Thermal Sensation: uuuu  
uuuu  
uuuu

