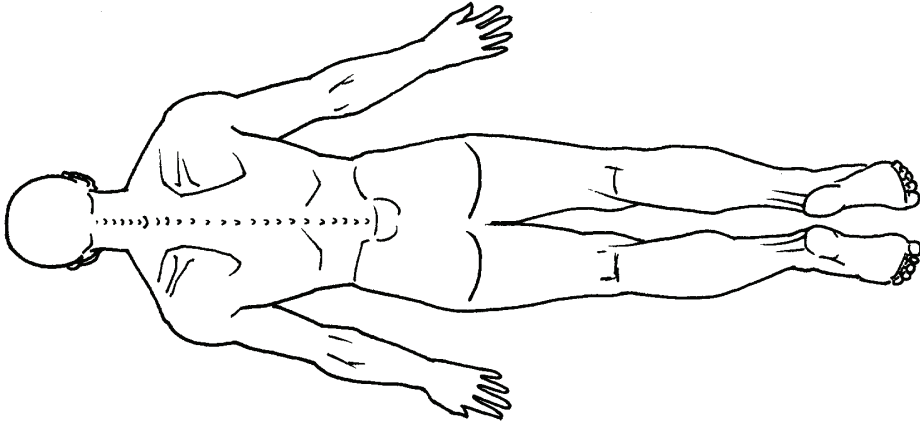
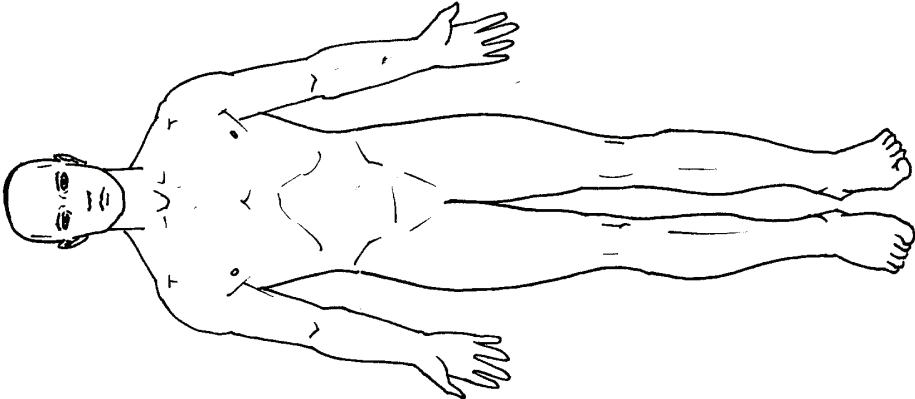
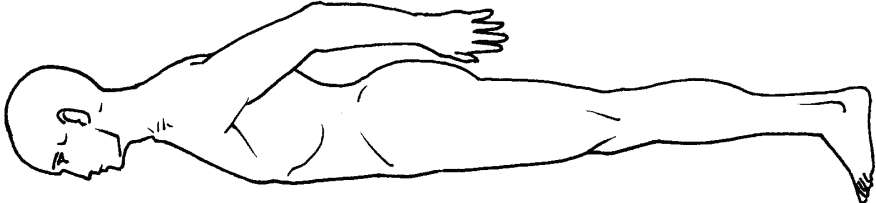


Client Name: \_\_\_\_\_

**PAIN DIAGRAM**



Left Side



Right Side

Please indicate all areas you feel the following symptoms with the respective symbol:

Pain = Shaded      Numbness = X's      Tingling = Dots      Swelling = O's      Spasm = #



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