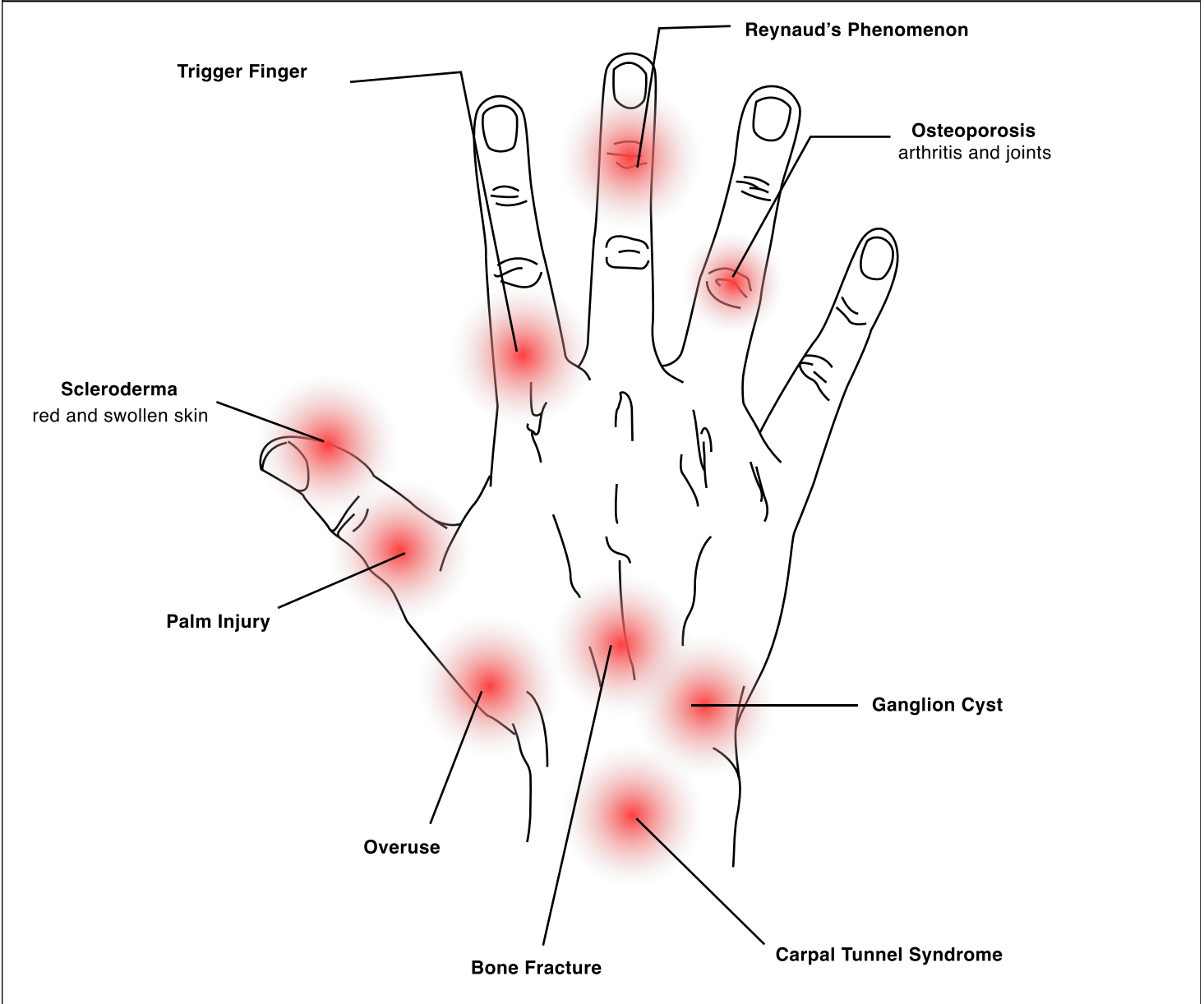


Hand Pain Diagram

Full Name:	Date of Birth:
Medical Record Number:	



Please mark the area(s) where you are experiencing pain.

Pain Characteristics									
Intensity:		Mild		Moderate		Severe			
Quality:		Sharp		Dull		Throbbing			
Associated Symptoms:		Numbness		Tingling		Weakness		Other:	

Notes