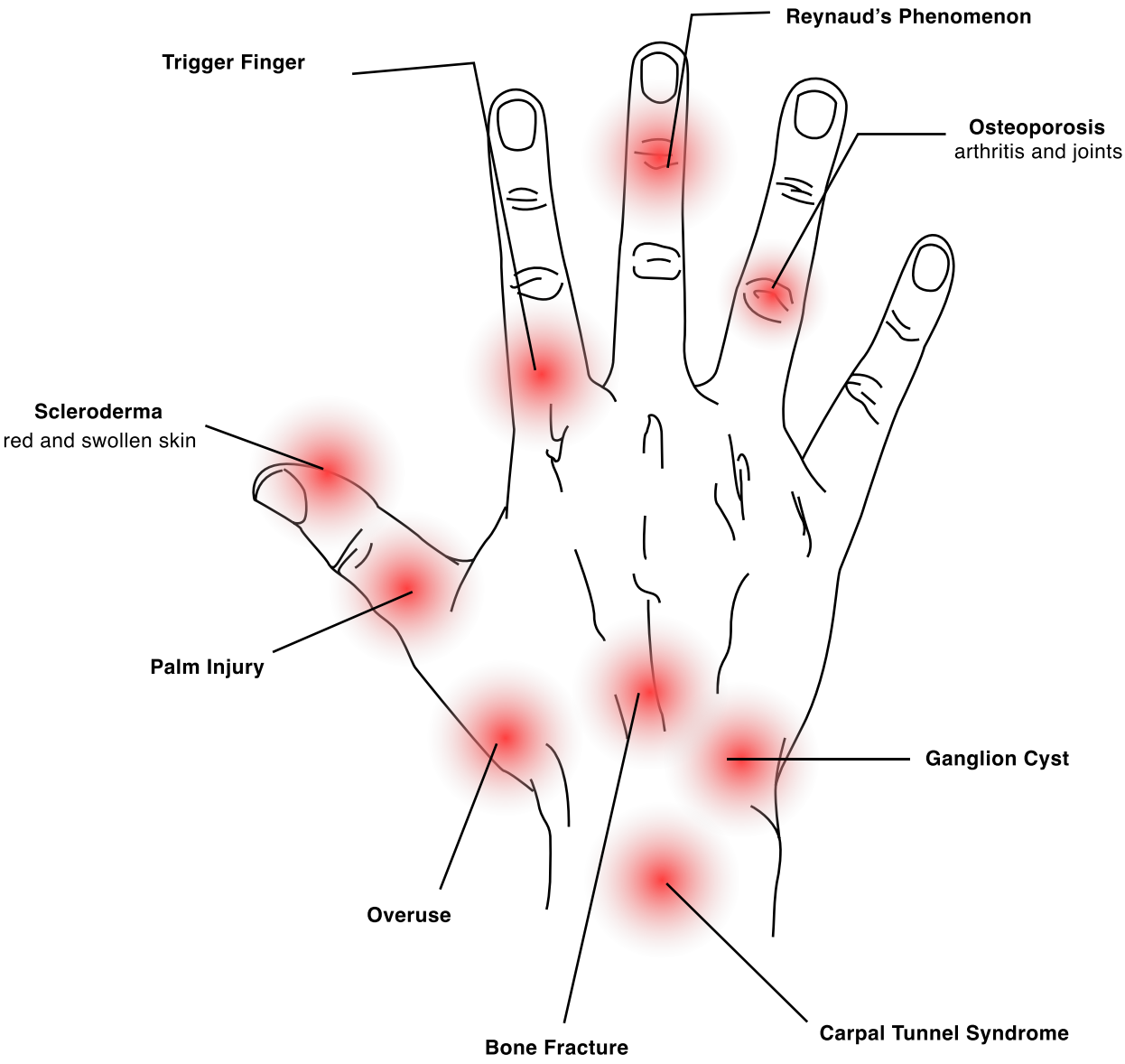
Hand Pain Dlagram

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