**Body Pain Chart**

Have you experienced any pain in the last 4 weeks? 🞏 Yes 🞏 No

Is your pain related to the reason for your physical therapy visit today? 🞏 Yes 🞏 No

Are you experiencing any pain currently? 🞏 Yes 🞏 No

**Circle the type of pain you experience:**

Stabbing Burning Pins & Needles Numbness Aching

**Please indicate on the body diagrams below where your pain occurs:**

