

Body Pain Indicator Chart

Date:

Doctor: _____

Patient's Name:

Ref #: _____

Date of Birth:

Age:

Gender:

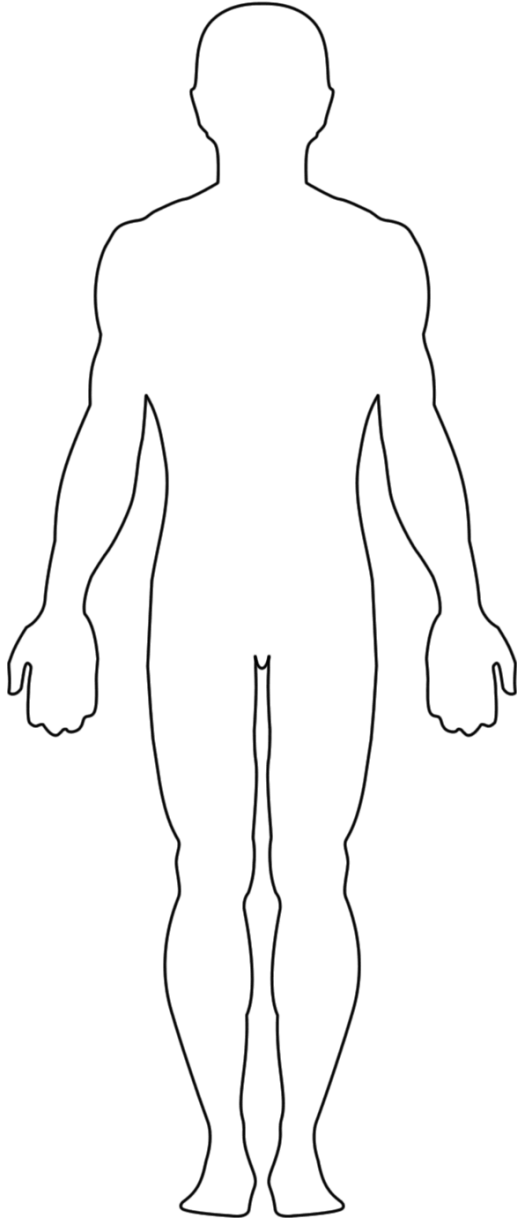
Male

Female



Use a pencil or pen to indicate the body areas where you are experiencing pain or discomfort.

Front



Back

