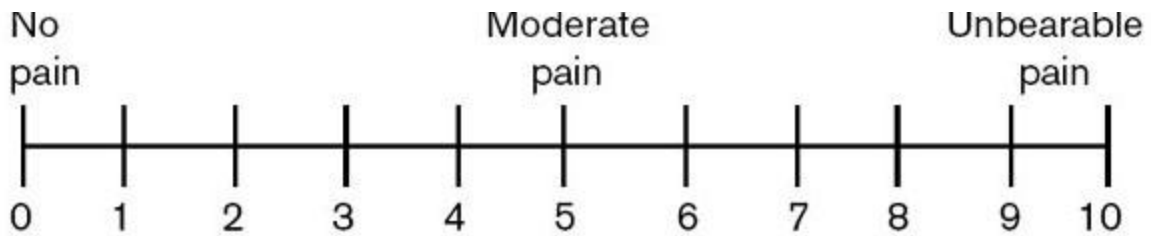


Women's Physical Therapy INSTITUTE

Patient Name _____ Acct# _____ Date _____

VISUAL PAIN SCALE

Please mark the number on the line that corresponds to your current level of pain



PAIN BODY MAP

Please indicate the location of any and all current pain and/or irritation on the body diagrams below

