Pain Location Form

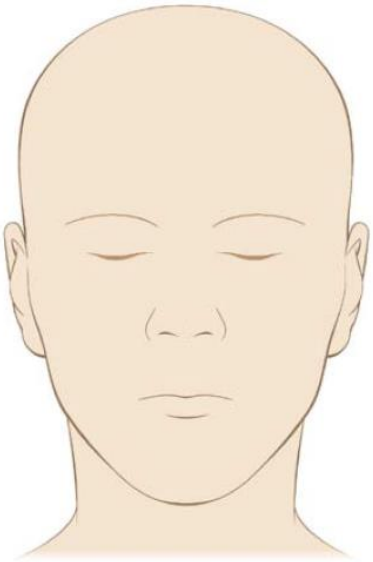
Name: _____

Date: _____

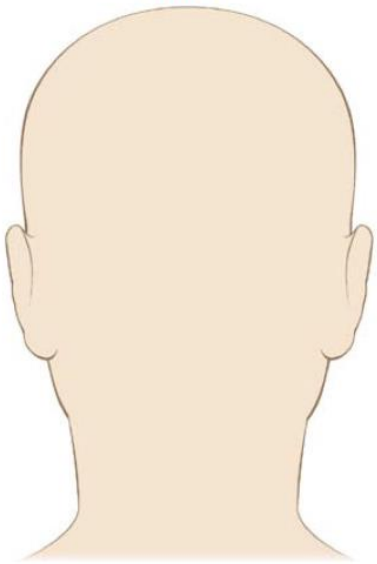
Date of birth: _____

Instructions:
1.Please mark where your pain starts in **black**
2.Please mark if/where your pain travels in **any other color**
3.Scan or take a picture of this form (in color) and email it to **meh4012@med.cornell.edu**

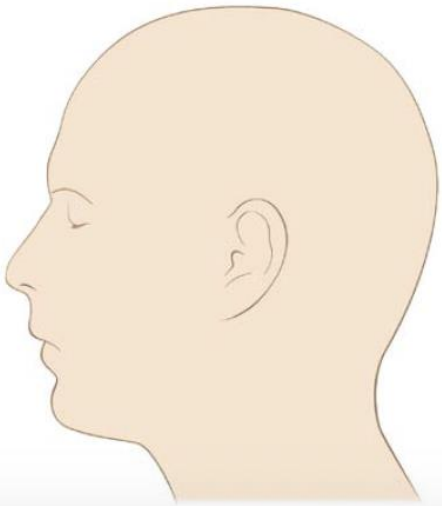
Front



Back



Left Side



Right Side