



Peak Performance Therapy Center

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PPTCUS.com

Physical Therapists

Eric Palenik, PT, DPT
Rick Meade, MS, PT, Cert. MDT
Sarah Mattson, PT, DPT, OCS
Trina Shockey, PT, OCS

Occupational Therapists

Aaron Staeben, OTR/L, CHT, CEAS
Greg Treece, MS, OTR/L, CHT

PAIN DIAGRAM

PLEASE COMPLETE ONLY IF PAIN IS ONE OF THE REASONS YOU HAVE BEEN REFERRED TO THERAPY

Instructions: Please mark on the drawing below using the key provided to indicate your symptoms.

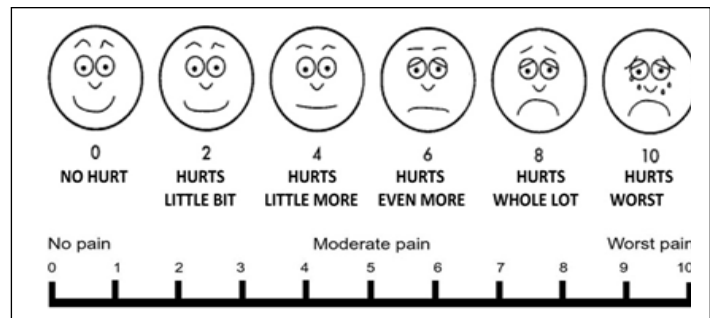
Stabbing/Sharp	/////
Burning	XXXX
Pins & Needles	OOOO
Numbness	=====
Aching/Throbbing	++++

Please answer the following to the best of your ability using the pain scale 0-10:

Your current level of pain _____

Your highest level of pain over the last 24 hours _____

Your lowest level of pain over the last 24 hours _____



What activities increase your pain?

What activities decrease your pain?

Does your pain ever wake you up at night? Yes No

Have you had similar symptoms in the past? Yes No, If Yes, explain: _____

Patient name: _____ Date: _____