

# Traditions Acupuncture

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Date: \_\_\_\_\_

Name: \_\_\_\_\_

1. Mark with "X" your pain intensity on the scale below:



2. Mark the areas of your body where you feel the described sensations. Please use the appropriate symbol. Include ALL affected areas.

NUMBNESS ≡≡

PINS & NEEDLES ☉☉

BURNING XXX

STABBING ^^

SORENESS ///

