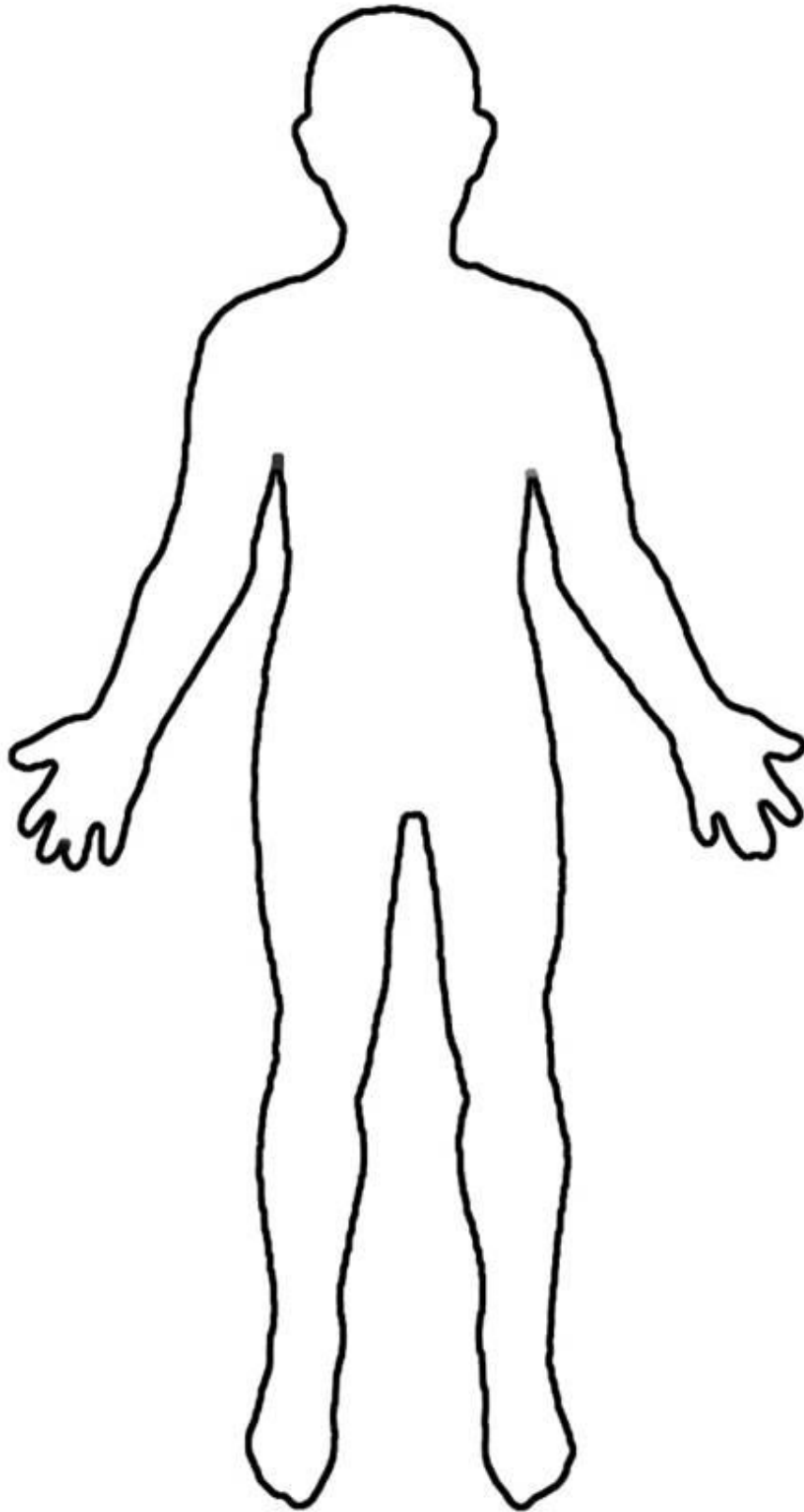


Healing Partner Name _____ Date _____



Key:

P – Pain

T – Tingling

A – Ache

DA – Dull ache

SP – Shooting pain

O – Other (specify)

0-10 0=None, 10=Severe