



# NATURAL SOLUTIONS

Clinical Kinesiology, Acupuncture, & (w)Holistic Healthcare

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## Pain Drawing

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Please indicate the appropriate location of pain and the symbol that best describes the discomfort you are presently experiencing.	Sharp and Stabbing .....	++++
	Dull and Achy .....	VVVV
	Pins and Needles .....	0000
	Numbness .....	///

