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FELLOW  
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INDEPENDENT MEDICAL EXAMINER (I.M.E.)  
 APPOINTED BY DIVISION OF WORKERS' COMPENSATION

QUALIFIED MEDICAL EVALUATOR (Q.M.E.)  
 APPOINTED BY INDUSTRIAL MEDICAL COUNCIL

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

**PAIN DRAWING GRID ASSESSMENT**

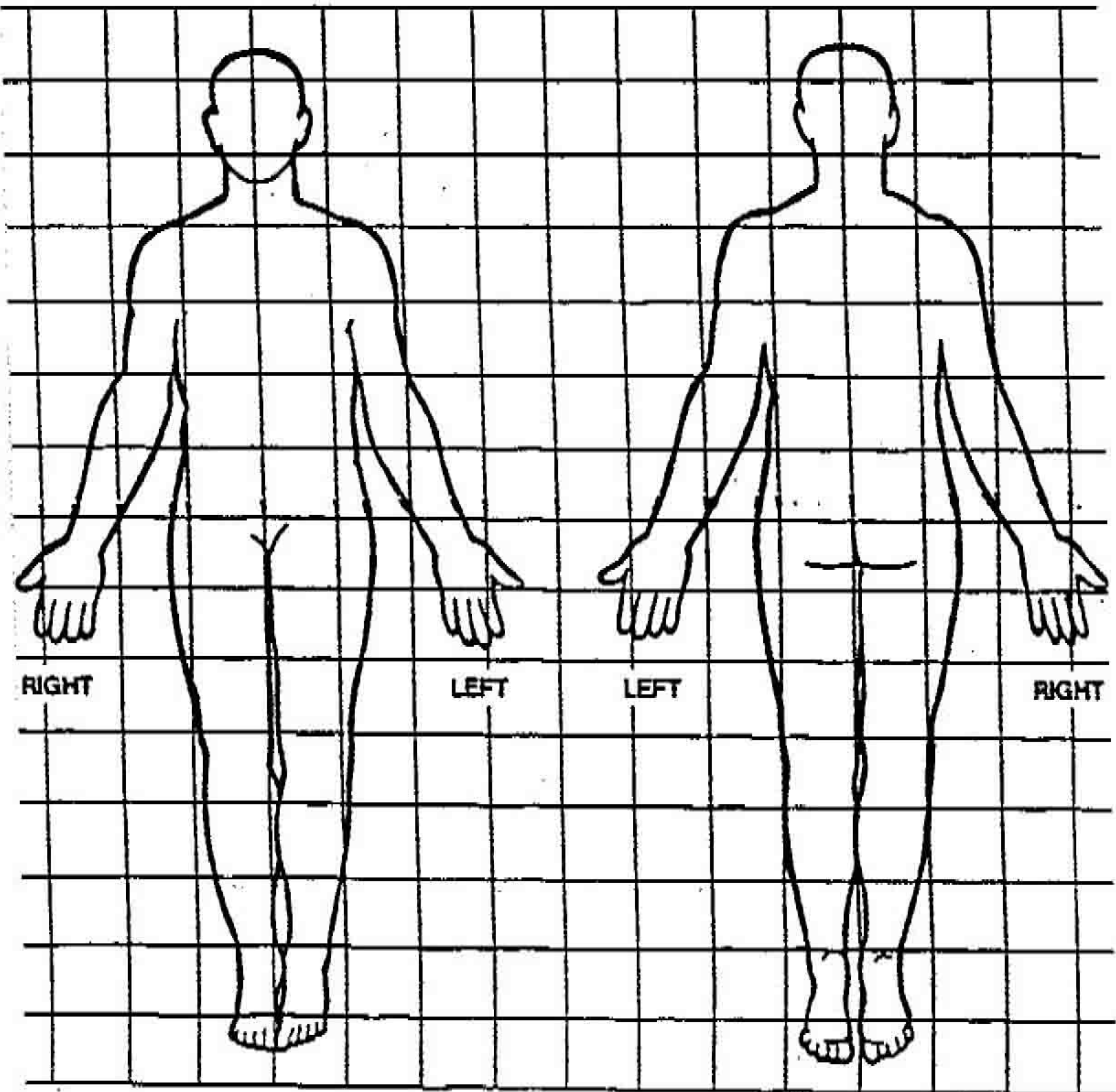
Draw the location of your pain on the body outlines and mark how bad it is on the pain line at the bottom of the page.

ACHE      	BURNING BBB BBB	NUMBNESS XXXX XX	PINS & NEEDLES === ===	STABBING ZZZ ZZZ	OTHER OOOO OOOO
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Percentage of pain in back \_\_\_\_\_ Percentage of pain in legs \_\_\_\_\_

**FRONT**

**BACK**



NO PAIN 1 2 3 4 5 6 7 8 9 10 INTOLERABLE