MAPLE MENOPAUSE

SKIN SENSATION BODY MAP

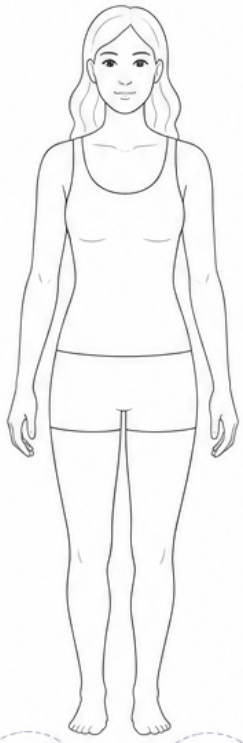
A symptom-recording tool for medical appointments – not a diagnosis.

1 WHERE DO YOU FEEL IT?

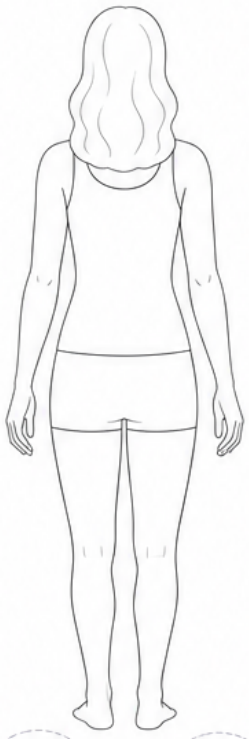
Mark, shade or circle the locations.
Use arrows if a sensation travels along a path.

- Itching
- Burning
- Crawling
- Tingling
- Pins and needles
- Numbness
- Electric/shooting
- Hot/cold/wet sensation
- Other _____

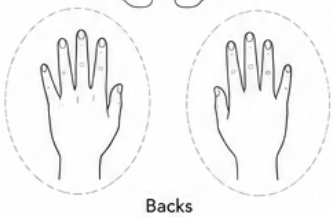
FRONT



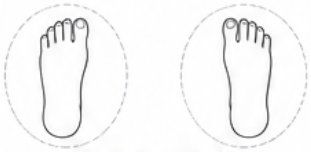
BACK



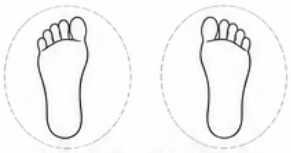
Palms (front of hands)



Backs (back of hands)



Tops of feet (front)



Undersides of feet (back)

2 WHERE IS IT?

- One side
- Both sides
- It follows a line/path

If it follows a line or moves, draw the path with arrows:

3 APPOINTMENT NOTES

DATE / TIME

HOW LONG DID IT LAST?

- Neck pain
- Back pain
- New medication or dose change

Name / dose:

WHAT WERE YOU DOING WHEN IT STARTED?

POSSIBLE CONTEXT / TRIGGER

- Heat
- Shower
- Exercise
- Clothing / friction
- Sitting
- Lying down
- Movement
- Other _____

WHAT MADE IT BETTER?

WHAT MADE IT WORSE?

NOTES TO DISCUSS WITH CLINICIAN