

Date of Visit: ___/___/___ Name: _____ Date of Birth: ___/___/___

Why are you here today? _____

Patient Signature: x _____

Place an "X" on the drawing below on areas causing you pain and a letter describing it

A = ACHE
 B = BURNING
 S = STABBING
 N = NUMBNESS
 P = PINS & NEEDLES

PAIN SCALE

Please circle the number that best describes your pain.

0	1	2	3	4	5	6	7	8	9	10
NONE		LITTLE		MEDIUM		SEVERE				

Diagnoses: _____ (For Dr. use only)
Techniques: Act () Thom () Div ()

Objective Findings:
 Edema _____ Spasm _____ Palp Pain _____ Fix. _____

VSC: _____

Assessment:
 Improved () No Change () Worse () New ()

Plan: _____

Notes: _____

Date of Visit: ___/___/___ Name: _____ Date of Birth: ___/___/___

Why are you here today? _____

Patient Signature: x _____

Place an "X" on the drawing below on areas causing you pain and a letter describing it

A = ACHE
 B = BURNING
 S = STABBING
 N = NUMBNESS
 P = PINS & NEEDLES

PAIN SCALE

Please circle the number that best describes your pain.

0	1	2	3	4	5	6	7	8	9	10
NONE		LITTLE		MEDIUM		SEVERE				

Diagnoses: _____ (For Dr. use only)
Techniques: Act () Thom () Div ()

Objective Findings:
 Edema _____ Spasm _____ Palp Pain _____ Fix. _____

VSC: _____

Assessment:
 Improved () No Change () Worse () New ()

Plan: _____

Notes: _____
