



CALIFORNIA CHIROPRACTIC ASSOCIATION

Kebby Margaretich, DC Back to Health CHIROPRACTIC

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Pain Chart

Name: _____ File #: _____

What is your current weight: _____ lbs., and height, _____ Ft. _____ In..

Please describe your condition:

Signature: _____ Date: ____ / ____ / ____

Please mark **area(s)** of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).

Description → Numbness
Symbol → NNNN

Pins & Needles
PPPP

Burning
BBBB

Aching
AAAA

Stabbing
SSSS

○ Circle any area of pain not represented by a symbol.



Example



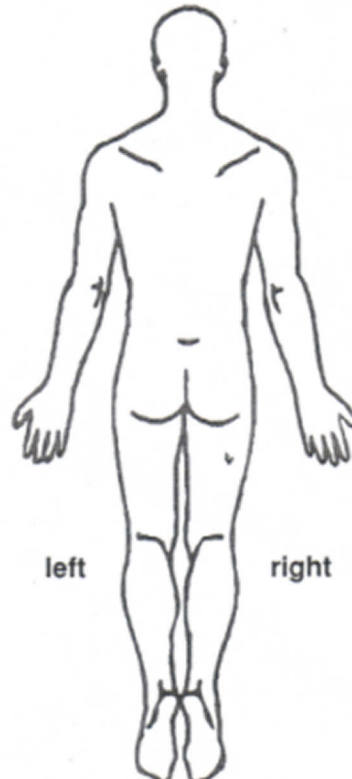
Right



right

left

Front



left

right

Back



Left

Doctor's Notes

