

# Chiro solutions, PC

**“Natural Solutions for Life”**

Patient Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The pain drawing allows you to visually describe your pain.  
Where is your pain now?

1. Mark the areas of your body where you feel the sensations described below, using the appropriate symbols.
2. Mark the areas of radiation, including all affected areas. Please mark an X on the area where the pain is now the worst.

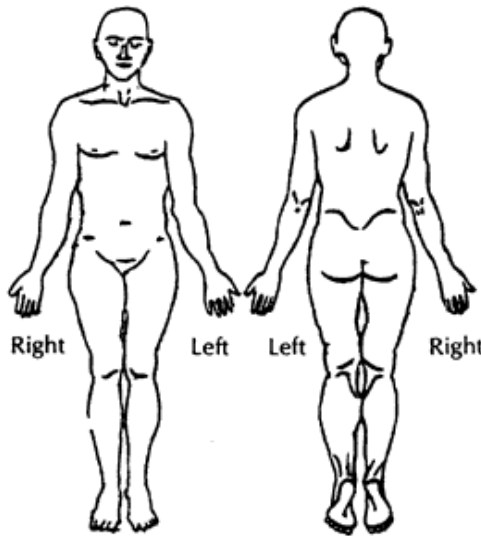
Aching  
\*\*\*

Numbness  
===

Pins and Needles  
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Burning  
x x x

Stabbing  
///



The line below represents the intensity of **low back pain**. Please mark “X” at the position on the scale that indicates how much pain you feel in your low back **at this time**.

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No Pain

Worst Pain Imaginable

The line below represents the intensity of pain **other than low back pain**. Please mark an “X” at the position on the scale that indicates how much pain you feel **at this time**.

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No Pain

Worst Pain Imaginable