

Brooksville Chiropractic, Inc.
813 South Broad St
Brooksville, FL 34601
Phone: 352-799-3433
Fax: 352-799-3320

PAIN DRAWING

Patient Name: _____

Date: _____

Please mark the areas where you feel the following sensations:

PAIN = P

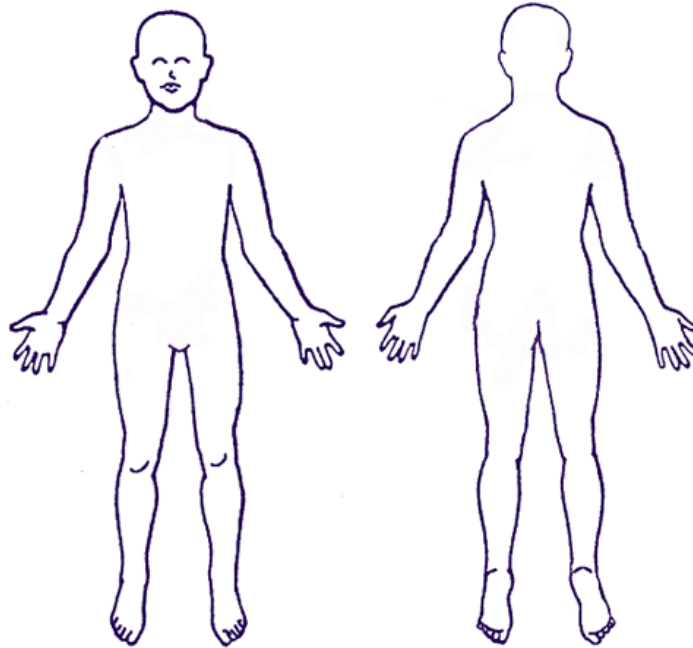
BURNING = B

NUMBNESS = N

TINGLING = T

ACHE = A

SHARP = S



Indicate severity of pain by marking an X on the appropriate number:
(0 means no pain- 10 means worst possible pain)

How bad is your Neck Pain? 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How bad is your Back Pain? 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How bad is your Arm Pain? 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How bad is your Leg Pain? 0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Chart # _____
Date of Birth _____