

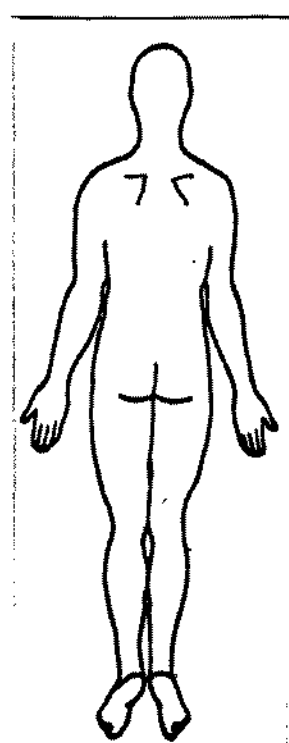
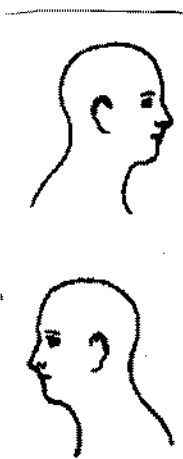
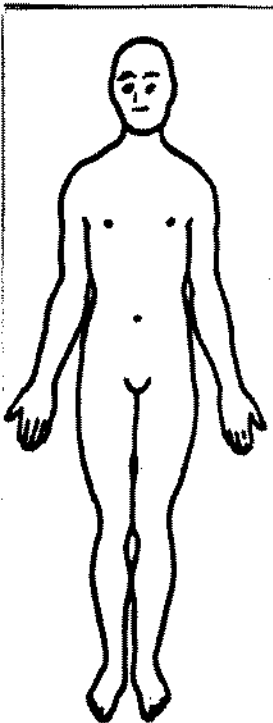
CRABB CHIROPRACTIC CLINIC

Date of Visit: ___ / ___ / ___ Patient : _____ Age: _____

PAIN DRAWING EVALUATION

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

A = ACHE
B = BURNING
S = SHARP
N = NUMBNESS
P = PINS & NEEDLES
W = WEAKNESS



Patient Signature Date