CRABB CHIROPRACTIC CLINIC

PAIN DRAWING EVALUATION

Patient Name:_____ **Acct:**_____ **Date:**_____

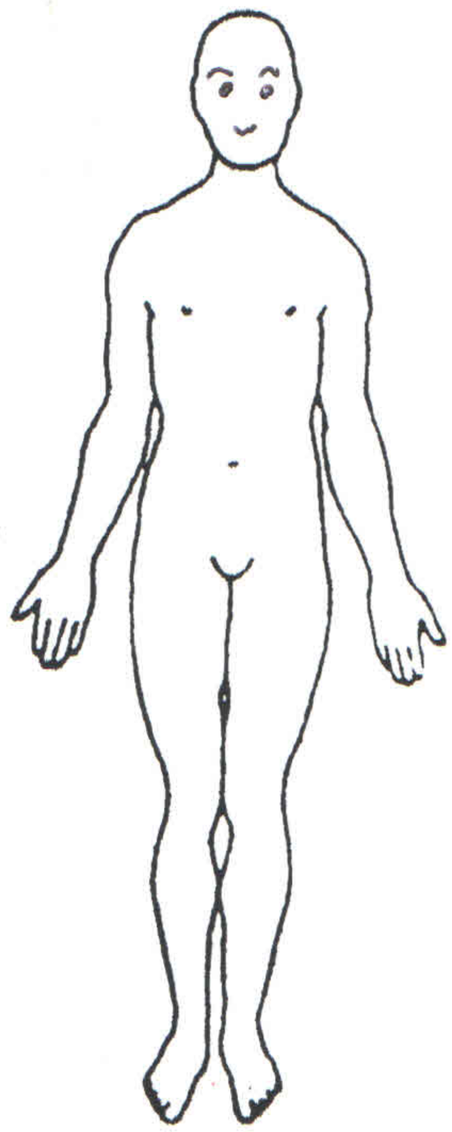
Draw location of your pain on body outlines and mark how bad it is on pain line.

PAIN SCALE 1 = Mild 10 = Severe

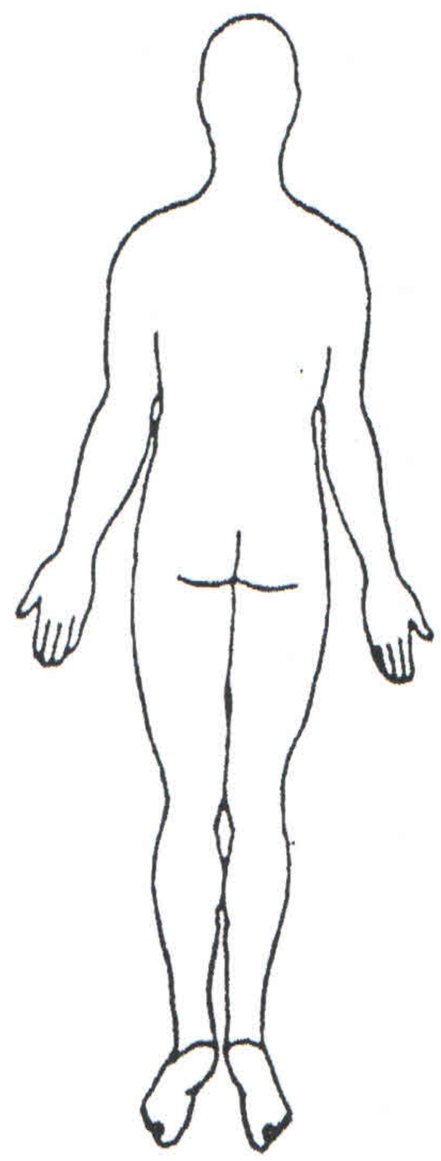
PAIN DRAW Pain = :::::::::::::::::::::::::::::::: Numbness = ++++++++++++

Ache = ********** Burning =/////////////////

FRONT OF BODY

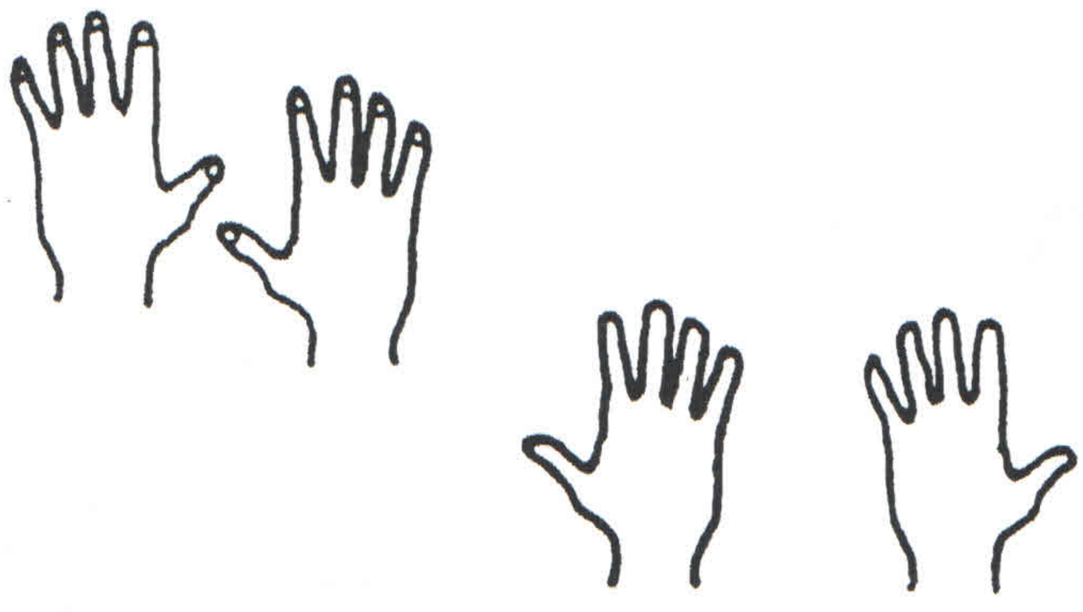


BACK OF BODY



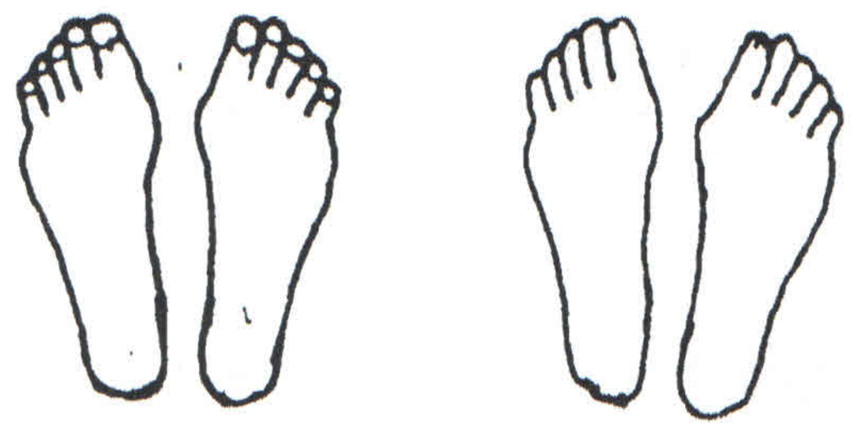
HANDS

Tops **Palms**



FEET

Tops **Soles**



X _____

Patient Signature Date