

LEGACY CHIROPRACTIC AND WELLNESS - PAIN DIAGRAM

DURATION

COMPLAINT #1 COMPLAINT #2

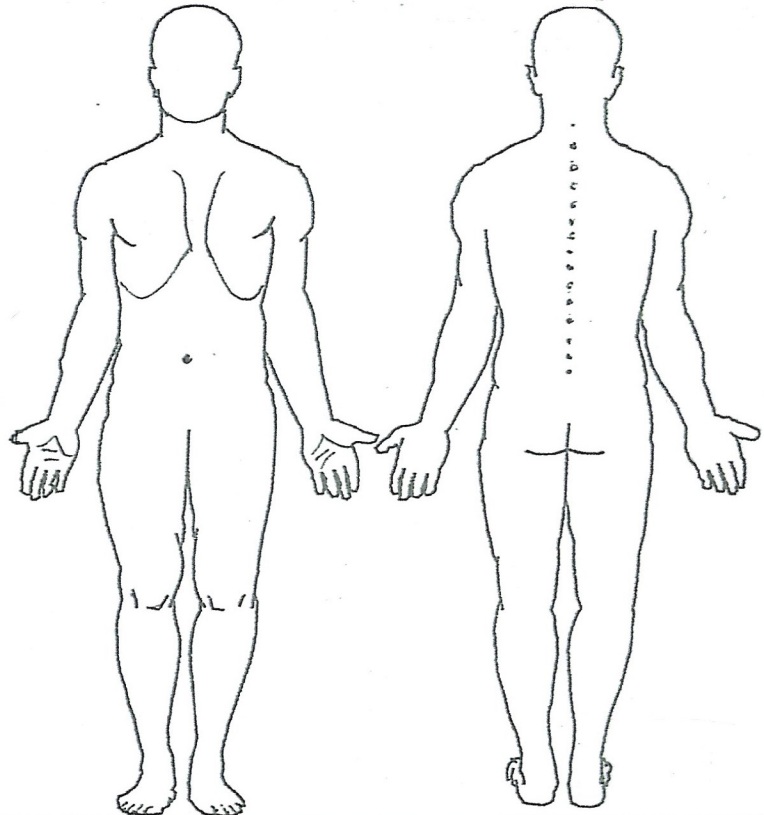
- _____ CONSTANT _____
- _____ MOST OF THE TIME _____
- _____ COMES & GOES _____
- _____ ONCE IN A WHILE _____
- _____ HARDLY EVER _____
- _____ ONLY WHEN _____

PLEASE CIRCLE YOUR LEVEL OF PAIN: (1 = Minimal Pain; 10= Worst Pain Imaginable)										
PAIN CURRENTLY										
1	2	3	4	5	6	7	8	9	10	
PAIN AT ITS WORST										
1	2	3	4	5	6	7	8	9	10	
PAIN TYPICALLY										
1	2	3	4	5	6	7	8	9	10	

CAUSES

COMPLAINT #1 COMPLAINT #2

- _____ LIFTING _____
- _____ WALKING _____
- _____ SITTING _____
- _____ STANDING _____
- _____ BENDING _____
- _____ EXERCISE _____
- _____ OTHER _____



PAIN / SENSATION

COMPLAINT #1 COMPLAINT #2

- _____ NUMBNESS _____
- _____ PINS & NEEDLES _____
- _____ BURNING _____
- _____ ACHING _____
- _____ STABBING _____
- _____ DISCOMFORT _____
- _____ OTHER _____

NOTES : _____

PRINT NAME: _____ DATE: _____

SIGNATURE: _____