Back in Action
Chiropractic and Rehabilitation
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Doctor of Chiropractic
Active Release Techniques®

Date:

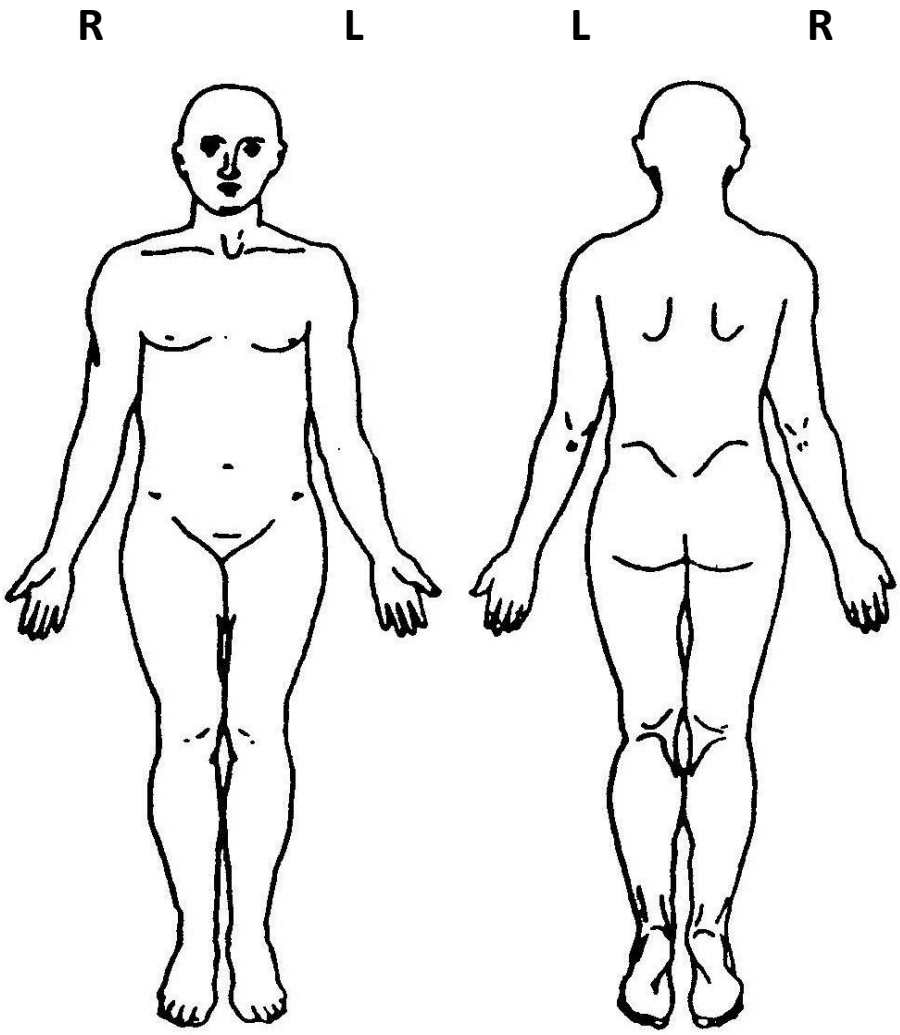
Patient Name:

Pain Diagram

In the diagrams provided, please mark the areas on your body which you feel best represent the pain(s) and/or sensation(s) you are experiencing. Please include all areas. Use the symbols provided below.

SYMBOLS:				
Numbness	=======	Pins & Needle	;;;;;;
Burning	XXXXX	Stabbing & Sharp	/////
Dull & Aching	+++++	Stiff & Tight	222222

Pain Scale	**Amount of pain or discomfort you are experiencing**
0	No pain or discomfort
1, 2, 3	The pain or discomfort is an annoyance
4, 5, 6	The pain or discomfort interferes with activities
7, 8, 9	The pain or discomfort prevents me from performing certain activities
10	The pain or discomfort sends me to the emergency room



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