

SUPERIOR CHIROPRACTIC CENTERS

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Pain Diagram

Mark the appropriate areas to match your type of pain. Include all affected areas.

SYMBOL KEY

Numbness

Burning

XXXXXX

Aching

Stabbing

//////////

Pins & Needles

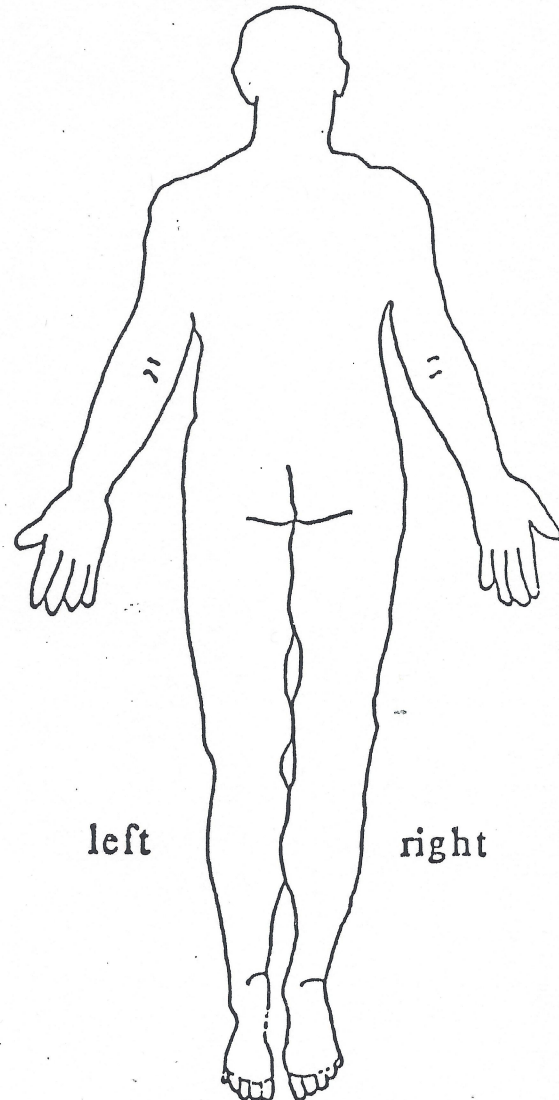
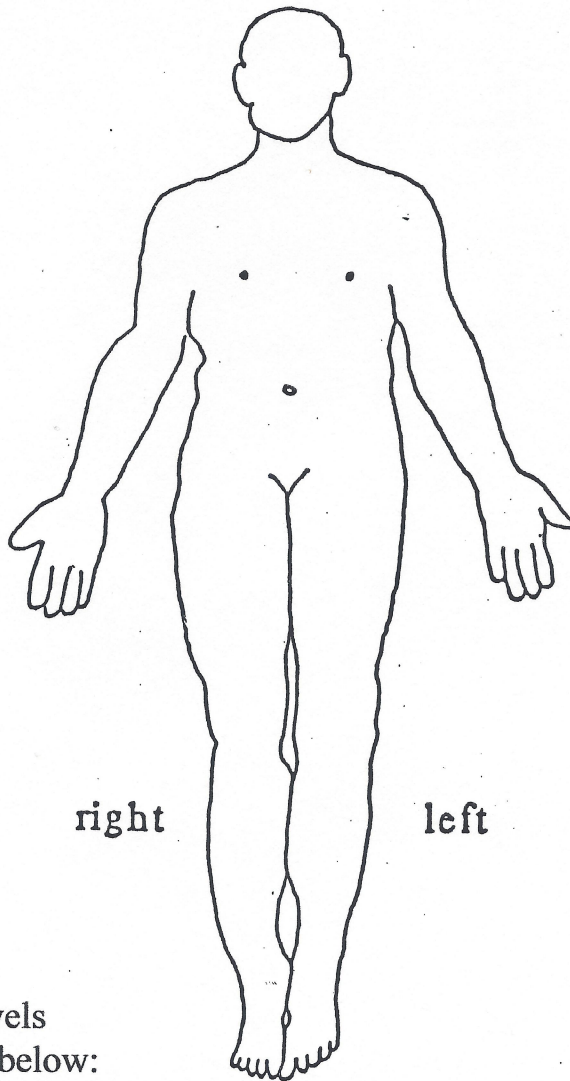
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Stiffness

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FRONT

BACK



Indicate your pain levels
by circling a number below:

(Minimal Pain) ---1---2---3---4---5---6---7---8---9---10 (Most Severe Pain)

Patient Signature (or) Guardian Signature

Date

Witness Signature

Date

DR. INITIALS

DATE