Sadon Chiropractic & Rehabilitation Center, PC
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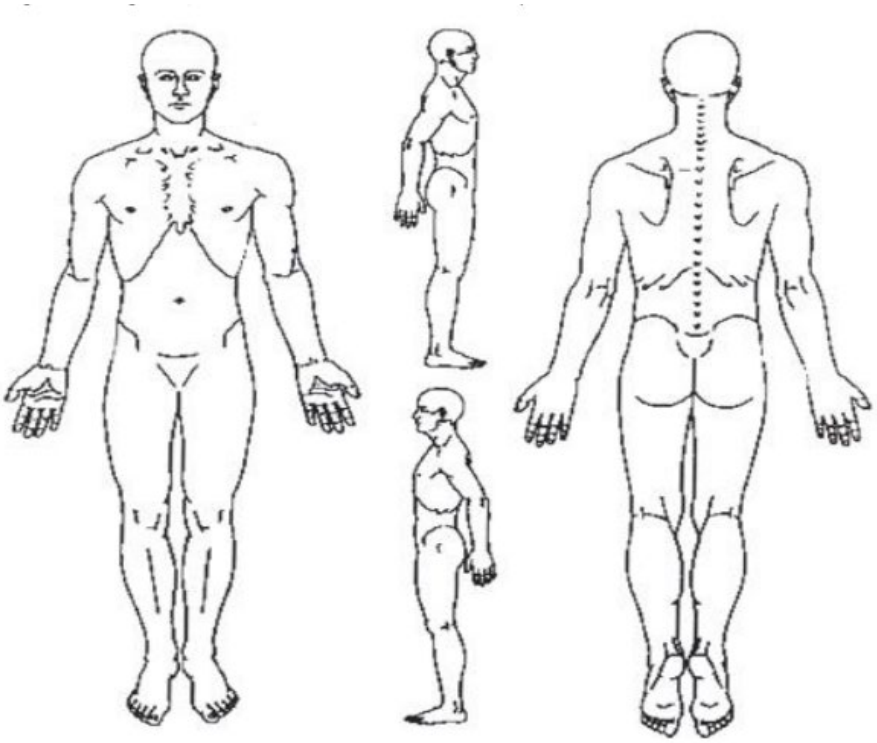
INITIAL EVALUATION PAIN DIAGRAM

Mark diagram where pain is occurring:



Circle degree of pain, 0 = no pain, 10 = severe pain

0 1 2 3 4 5

6 7 8 9 10

Circle all that apply:

Numbness Tingling

Throbbing Dull Ache

Sharp Shooting

Burning Weakness

Reason for visit: _____

Is this a new injury? Yes/No If "NO" when was the last flare up? _____

Is this injury due to an auto accident? Yes/No If "YES" date of accident_____

Using a number, how long have you been in pain? ___Days ___Weeks ___Months ___Years

What makes the pain better?

Sitting Standing Laying Down

Stretching Ice Heat

Other_____

What makes the pain worse?

Sitting Standing Laying Down

Stretching Ice Heat

Other_____

Print Name: _____

Date: _____

Signature: _____