

Collins Chiropractic, P.C.

Patient Name: _____

Date: _____

Mark the areas on this body where you feel the described sensations
Use the appropriate symbols
Mark areas of radiation.
Include all affected areas.

Numbness	Pins & Needles	Burning	Aching	Stabbing
-----	000000	xxxxxx	*****	/////
-----	000000	xxxxxx	*****	/////
-----	000000	xxxxxx	*****	/////

Pain Chart

