

**WOODWARD CHIROPRACTIC**  
**Accident and Injury Care**  
**MARK WOODWARD, D.C.**  
**1048 US 31-W Bypass**  
**Bowling Green, KY 42101**  
**(270) 781-5644/ Fax (270) 781-4401**

**PAIN CHART**

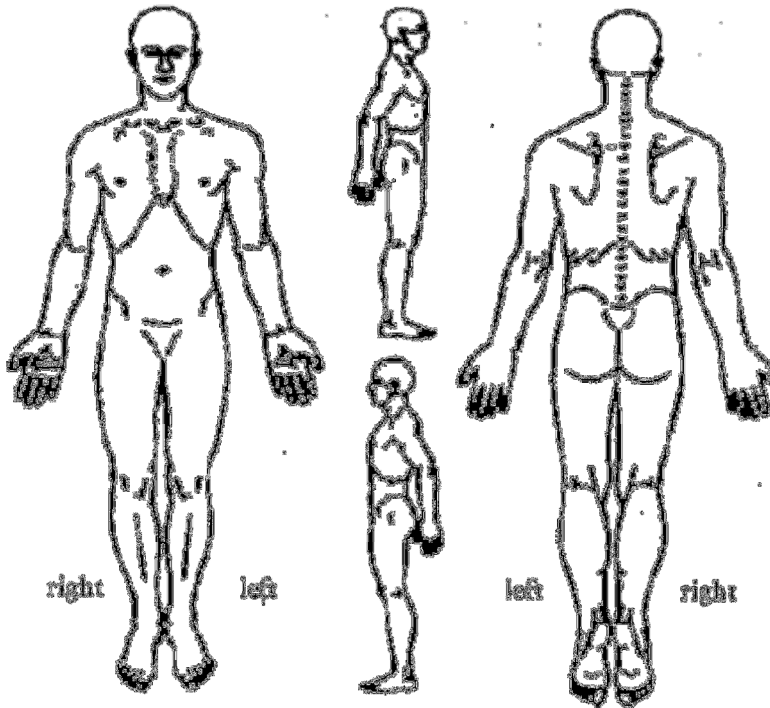
SHOW AREA(S) OF PAIN OR UNUSUAL FEELING

How long have you had your symptoms for current episode? \_\_\_\_\_ months \_\_\_\_\_ weeks

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

<b>Numbness</b>	<b>Pins &amp; Needles</b>	<b>Burning</b>	<b>Aching</b>	<b>Stabbing/Sharp</b>
-----	OOOOOOOOOO	XXXXXX	*****	////////////////
-----	OOOOOOOOOO	XXXXXX	*****	////////////////
-----	OOOOOOOOOO	XXXXXX	*****	////////////////

Please mark on the pain scale from 0-10 the pain you feel with this condition. 10 being the worst pain you have felt with this condition.



**Neck-Shoulder-Arm Pain**  
 On a scale of 0-10, I rate my discomfort as follows:  
 \_\_\_\_\_  
 0 No Pain 10 Severe Pain

**Mid Back Pain**  
 On a scale of 0-10, I rate my discomfort as follows:  
 \_\_\_\_\_  
 0 No Pain 10 Severe Pain

**Low Back & Leg Pain**  
 On a scale of 0-10, I rate my discomfort as follows:  
 \_\_\_\_\_  
 0 No Pain 10 Severe Pain

Date: \_\_\_\_\_ Signature: \_\_\_\_\_