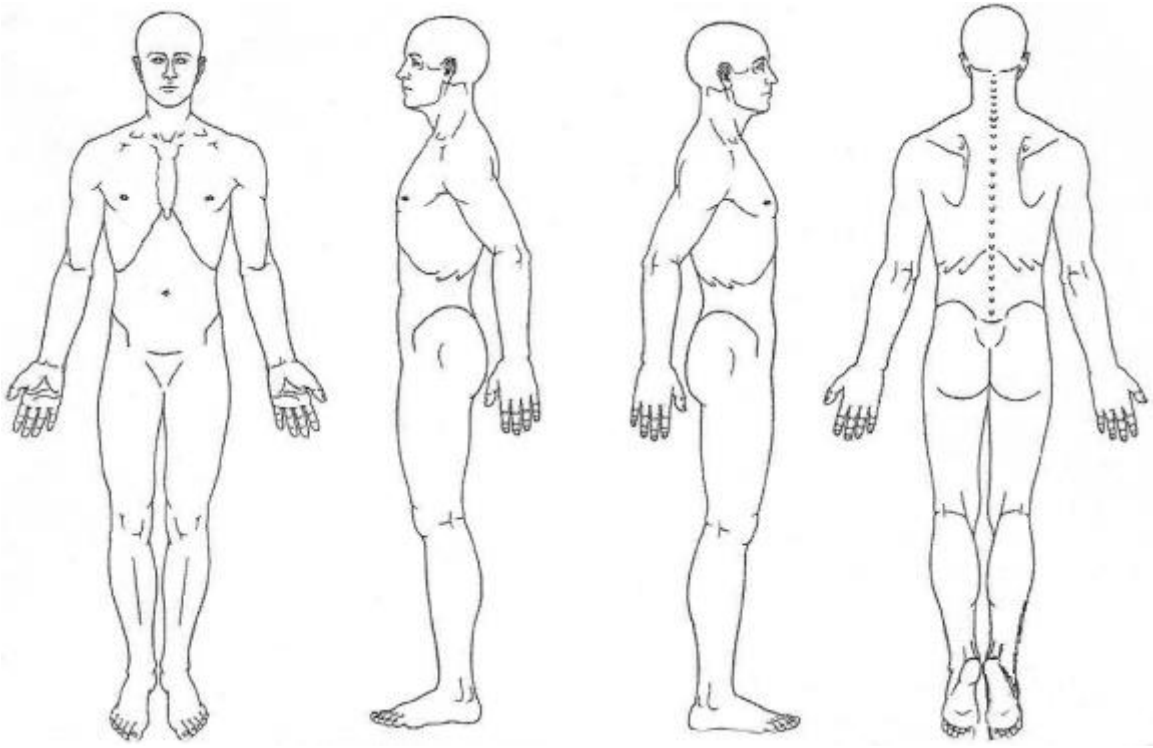
Shepherdsville Chiropractic & Rehab
Dr. David Dahlkamp D.C.
149 Highway 44E
Shepherdsville, KY 40165
(502) 543-2225/FAX (502) 921-4528

Name _____Date_____File _____

Pain Diagram

Please mark the areas on the picture below that correspond to the areas of your body where you feel the described sensations. Use appropriate symbols. Mark areas of radiation. Include all affected areas.
DO NOT SIMPLY CIRCLE THE AREA OF INVOLVEMENT PLEASE.

Numbness ---- Pins & Needles oooo Burning xxxx Aching **** Stabbing ////



Please place a vertical mark on the line below to indicate the severity of your complaint.

Headache No Pain _____ Worse Pain Experienced

Neck Pain No Pain _____ Worse Pain Experienced

Middle Back Pain No Pain _____ Worse Pain Experienced

Low Back Pain No Pain _____ Worse Pain Experienced

Other _____ No Pain _____ Worse Pain Experienced