

Specialty Clinics Spine Intervention, P.C.

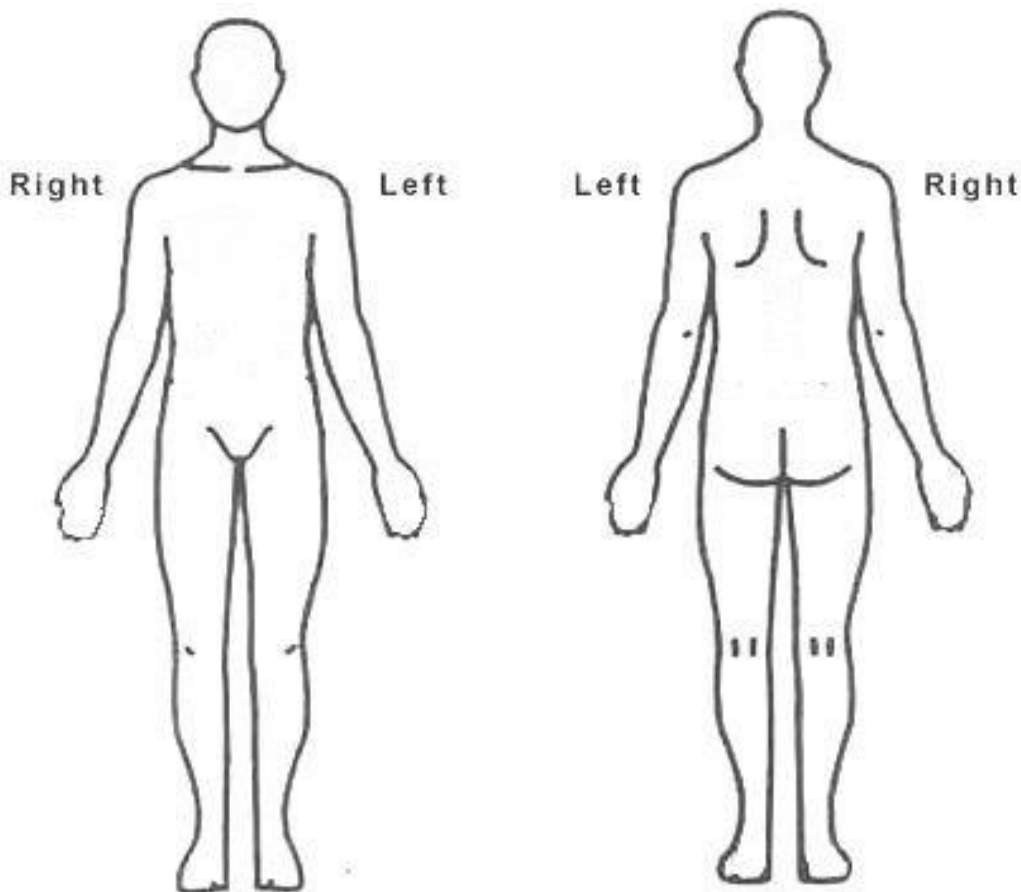
Pain Score and Diagram

Doctor: _____ Chart#: _____ Date: _____

Name: _____ DOB: _____

Where is your pain now?

Instructions: On the diagram below, please indicate where your pain is located at the present time. Also, please mark the areas of radiating pain.



Indicate on the pain scale as how you would describe your current pain by marking the number that corresponds with the pain you are experiencing.

0	1	2	3	4	5	6	7	8	9	10
None	Mild	Discomforting	Distressing	Horrible	Excruciating					