Back Pain Location Chart

Patient Information Name: ____ Medical Record Number: Date of Assessment: Lung and diaphragm - Thymus Spleen - Heart Stomach -Pancreas -Liver and gall bladder Kidney Urether Urinary bladder Pain Location: _____ Duration of Pain: Date of Pain Onset: ____ Rate the pain on a scale of 1 to 10, with 1 being the lowest and 10 being the highest: _____ Other symptoms (if any): Additional comments (if any):

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