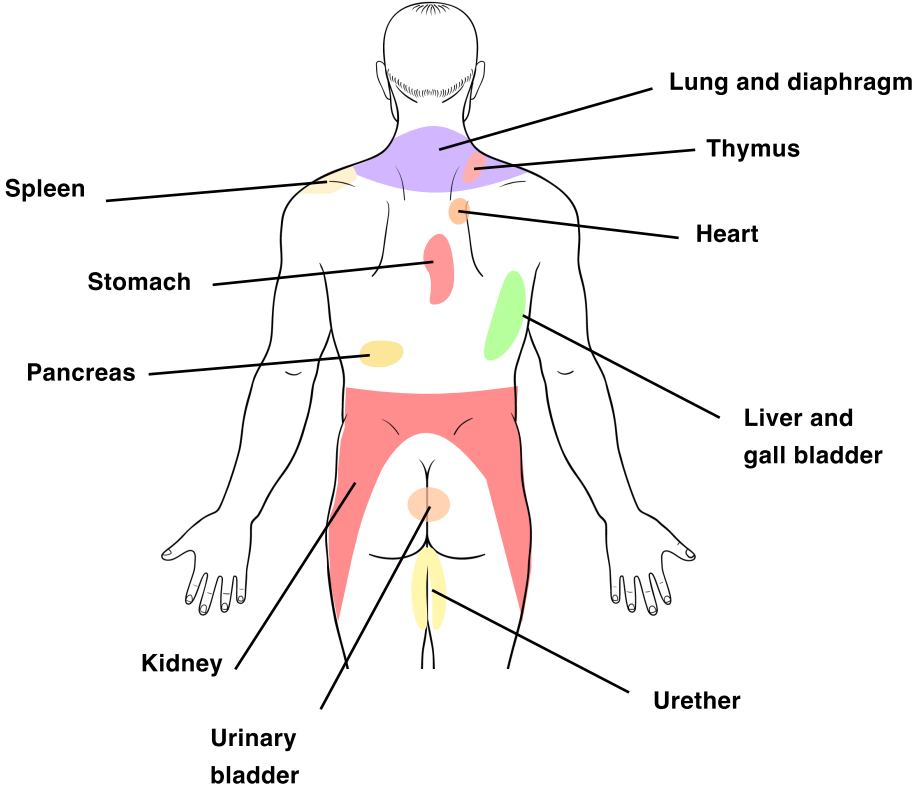


# Back Pain Location Chart

**Patient Information**

Name: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_



Pain Location: \_\_\_\_\_

Date of Pain Onset: \_\_\_\_\_ Duration of Pain: \_\_\_\_\_

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):