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):