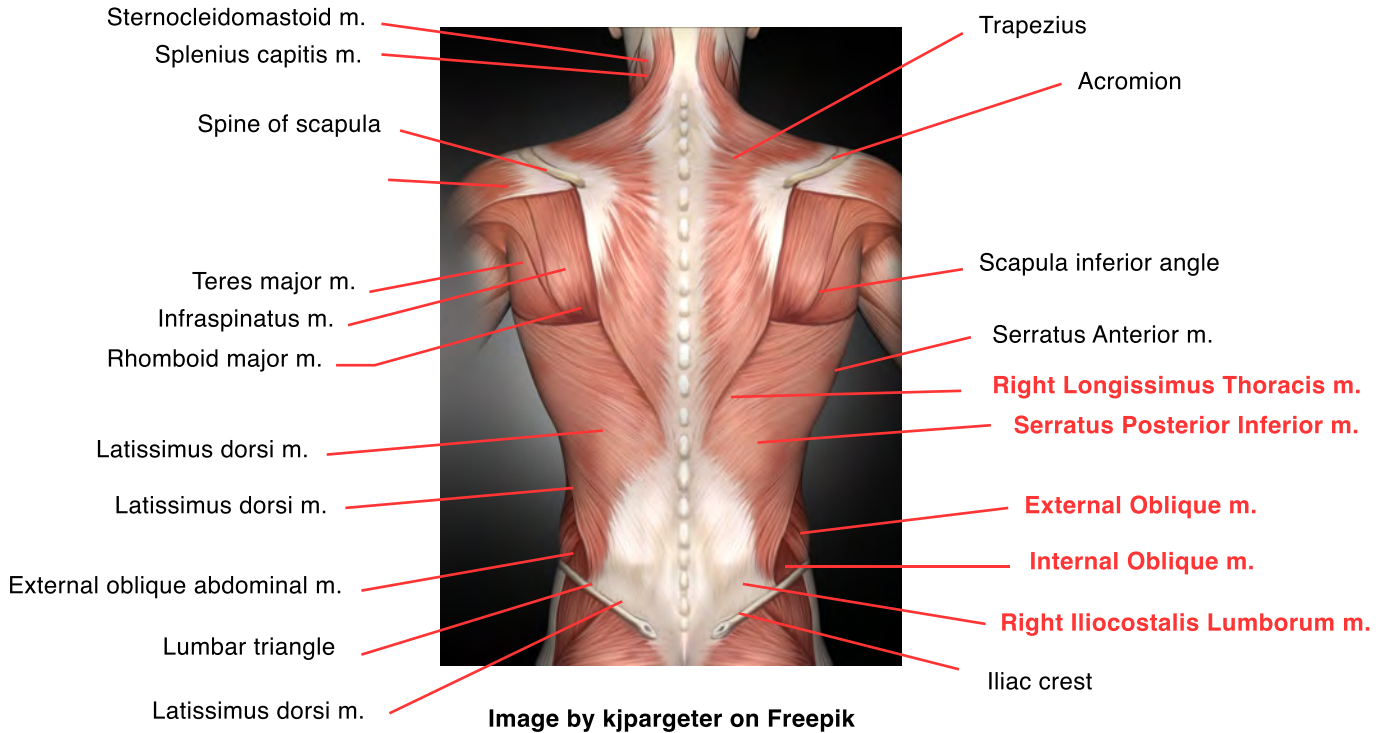


# Lower Back Pain Location Chart

## Patient Information

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

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



## Pain Location:

## Pain Characteristics

- Type of Pain (e.g., sharp, dull, burning): \_\_\_\_\_
- Pain Intensity (on a scale of 0-10): \_\_\_\_\_
- Duration of Pain: \_\_\_\_\_
- Any Radiation of Pain (if applicable): \_\_\_\_\_
- Triggers or Aggravating Factors: \_\_\_\_\_

## Additional Notes

## Provider's Assessment:

- Provider's Name: \_\_\_\_\_
- Date of Assessment: \_\_\_\_\_
- Diagnosis or Assessment: \_\_\_\_\_
- Treatment Plan: \_\_\_\_\_
- Next Steps or Follow-up Recommendations: \_\_\_\_\_

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_