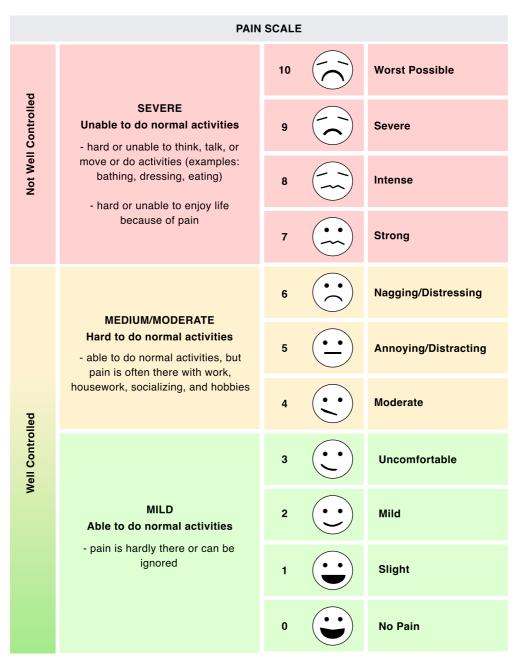
# **Pain Scale Chart**

Client Information		
Name:	Date of Consultati	on:
Gender:	Date of Birth:	
Phone number:	Email Address:	
Address:		



#### Which area of the body does the patient feel the pain in?

#### Treatment:

### **Recommendation:**

## Additional notes: