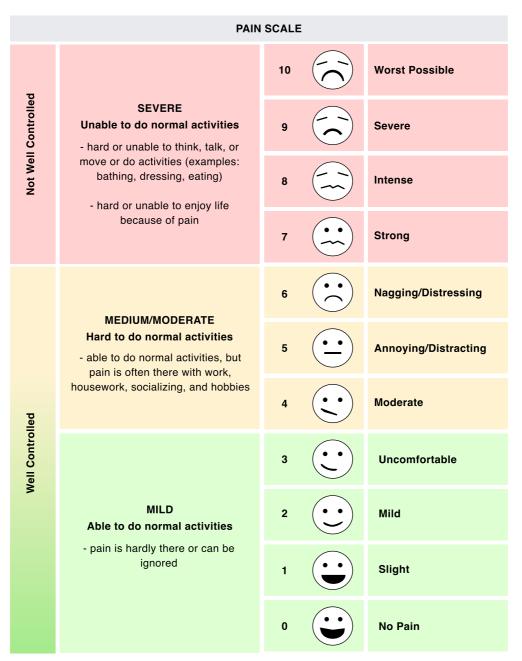
# **Pain Scale Chart**

| 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: