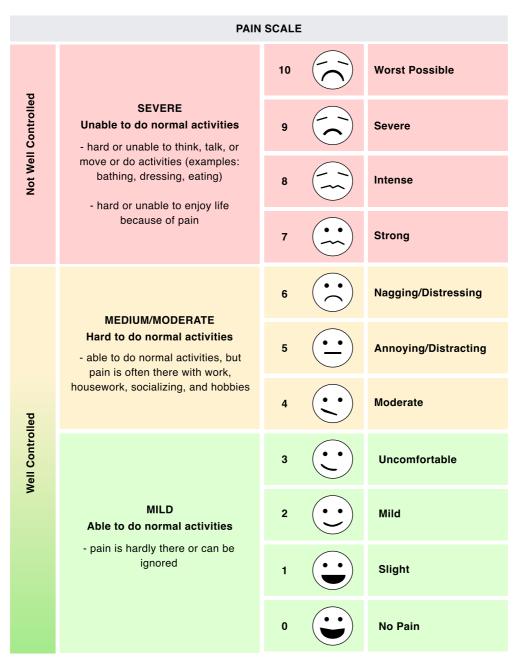
Pain Scale Chart

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: