

What type of pain do you have and where?

Patient Name _____ File# _____ Date _____

- 1. Dull Where _____
- 2. Stabbing Where _____
- 3. Radiating Where _____
- 4. Shooting Where _____
- 5. Swelling Where _____
- 6. Numbness Where _____
- 7. Tingling Where _____
- 8. Burning Where _____
- 9. Tightness Where _____
- 10. Stiffness Where _____
- 11. Cramping Where _____
- 12. Tenderness Where _____
- 13. Swelling Where _____
- 14. Scoliosis
- 15. Soreness Where _____
- 16. Spasming Where _____
- 17. Muscle weakness Where _____
- 18. Muscle atrophy
- 19. Muscle Inflammation Where _____
- 20. Fractures Where _____
- 21. Hypersensitive Where _____
- 22. Arthritis Where _____
- 23. Dizziness
- 24. Headache Where _____
- 25. Loss of sleep
- 26. Sensitive to heat or cold
- 27. Memory Loss
- 28. Motor skill loss Where _____
- 29. In-coordination Where _____
- 30. Incontinence
- 31. Visual disturbance Where _____
- 32. Seizures
- 33. Swallowing
- 34. Sweating
- 35. Tremor
- 36. Speaking difficulty
- 37. Smelling difficulty
- 38. prickling Where _____
- 39. Loss of sensation Where _____