

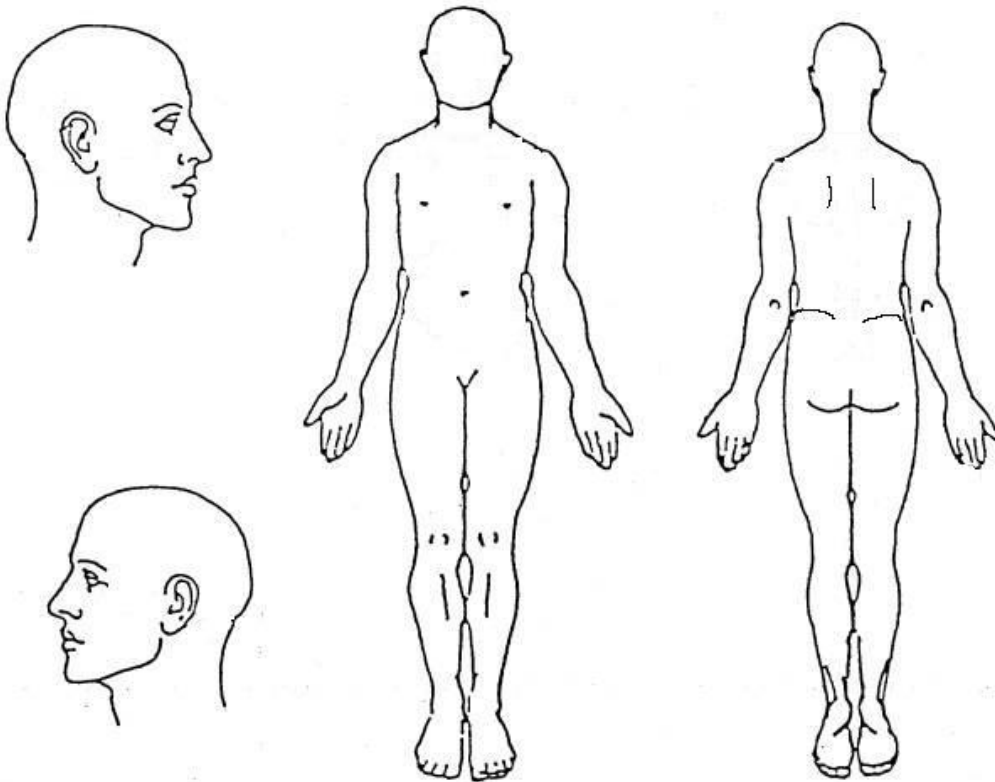
Dr. Richard Picard
Chiropractic Physician

The line below represents the intensity of your pain. Please mark an "X" at the position on the scale which indicates how much pain you feel **at this time**.

No pain Worst pain

Mark the areas on this body where you feel the described sensations. Use the appropriate symbols. Include all areas.

<u>Numbness</u>	<u>Pins & Needles</u>	<u>Burning</u>	<u>Aching</u>	<u>Stabbing</u>
-----	oooooooooooo	xxxxxx	*****	//////////



Name _____ Date _____ File _____