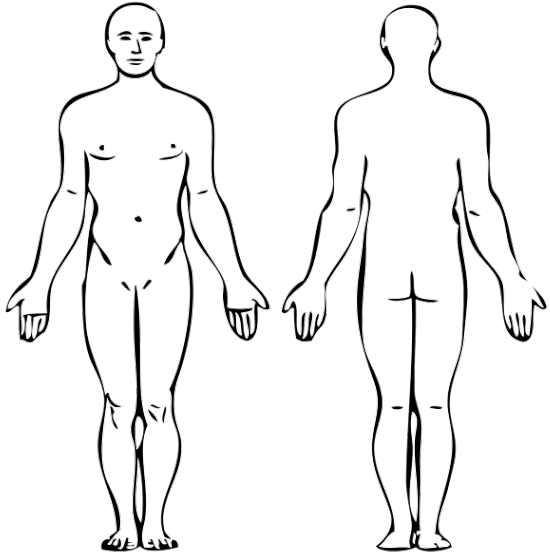


✗ Mark All Areas of Pain/Tension



Primary Area:

High Pain (10-6): ☐ Constant ☐ Occasional ☐ Rare

Low Pain (5-1): ☐ Constant ☐ Occasional ☐ Rare

Dull Ache: ☐ Constant ☐ Occasional ☐ Rare

Tension: ☐ Constant ☐ Occasional ☐ Rare

Quality: ☐ Deep ☐ Superficial ☐ Both

Symptoms

- | | | | | |
|--|---|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Numbness | <input type="checkbox"/> Restricted Movement | <input type="checkbox"/> Soreness | <input type="checkbox"/> Tightness | <input type="checkbox"/> Stabbing |
| <input type="checkbox"/> Tingling | <input type="checkbox"/> Pain During Exertion | <input type="checkbox"/> Inflammation | <input type="checkbox"/> Popping/clicking | <input type="checkbox"/> Stiffness |
| <input type="checkbox"/> Shooting Pain | <input type="checkbox"/> Pain After Exertion | <input type="checkbox"/> Burning | <input type="checkbox"/> Weakness/fatigue | <input type="checkbox"/> Immobility |

Progress

- ☐ Improvement Since Last Treatment ☐ Deterioration Since Last Treatment

Observations From Activity, Stretching, & Treatment

Activities That Aggravate Condition And/Or Are Limited By Condition
