

Pain Scale Chart

Client Information

Name: _____ Date of Consultation: _____

Gender: _____ Date of Birth: _____

Phone number: _____ Email Address: _____

Address: _____

PAIN SCALE			
Not Well Controlled	SEVERE Unable to do normal activities - hard or unable to think, talk, or move or do activities (examples: bathing, dressing, eating) - hard or unable to enjoy life because of pain	10 	Worst Possible
		9 	Severe
		8 	Intense
		7 	Strong
Well Controlled	MEDIUM/MODERATE Hard to do normal activities - able to do normal activities, but pain is often there with work, housework, socializing, and hobbies	6 	Nagging/Distressing
		5 	Annoying/Distracting
		4 	Moderate
	MILD Able to do normal activities - pain is hardly there or can be ignored	3 	Uncomfortable
		2 	Mild
		1 	Slight
		0 	No Pain

Which area of the body does the patient feel the pain in?

Based on the pain scale, how does the patient describe the pain?

Treatment:

Recommendation:

Additional notes: