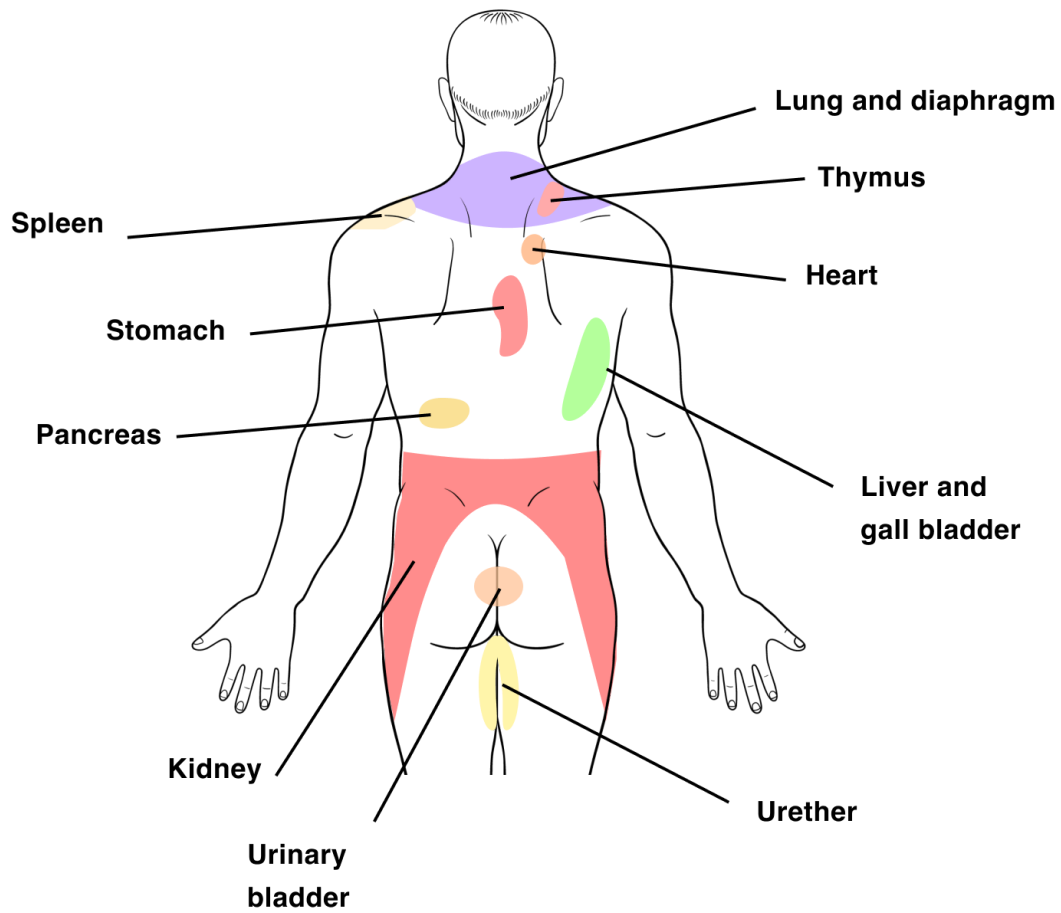


Back Pain Location Charts

Name: _____

Date of assessment: _____ Medical record number: _____

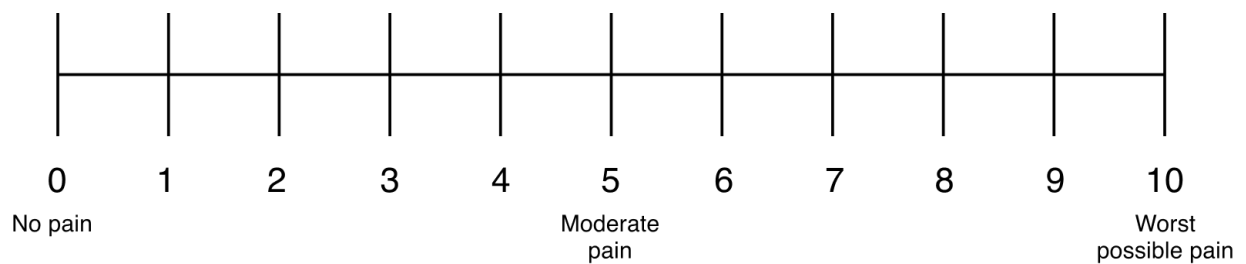


Pain location:

Date of pain onset:

Duration of pain:

Rate the pain using the scale below:



Other symptoms (if any):

Additional notes:

Healthcare professional's name:

Signature:

Disclaimer: The Back Pain Location Chart highlights various potential causes of back pain. However, it is important to note that this chart should not be used as a diagnostic tool. A thorough evaluation of your patient's pain is essential for accurately identifying the underlying cause.