

Eric R. Kurtz, DC, CCSP  
1721 W. Kennewick Ave., Ste 1  
Kennewick, WA 99336  
(509) 582-3549 Fax (509) 586-4313

## DAILY PATIENT RECORD

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please use the following key to accurately mark the areas in which you feel the described sensations. Use the appropriate symbols and include all affected areas.

Dull *NNN*

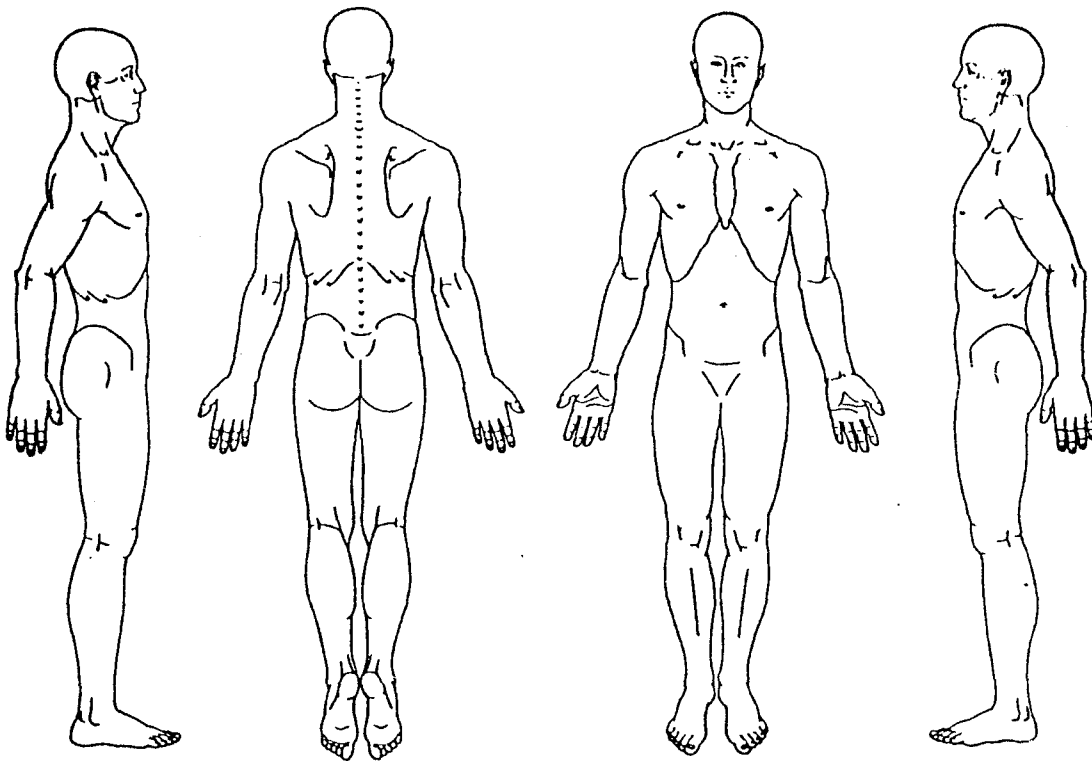
Stabbing/cutting */// /// ///*

Burning *XXX*

Numb *===*

Tingling (Pins + needles) *:::>:::*

Cramping *SSS*



Please place one mark on the line below to indicate your present pain level:

No pain \_\_\_\_\_ Worst pain ever

Using the scale of 0-100, with 0 = no pain and 100 = worst possible pain, please write the number indicating your present pain level in the box at the right:

Please indicate any changes in your condition in this space:

Patient signature \_\_\_\_\_