

PATIENT NAME - PAIN SCORE

S.NO	DATE	PAIN LOCATION	PAIN SCORE	PDF REF
1	04/16/YYYY	Left shoulder, Low back	9	16-23
2	04/23/YYYY	Right sacroiliac joint, Low Back, Neck, Lower Mid-back, Left Shoulder, Headache	10	37-47
3	05/17/YYYY	Cervical spine pain radiating to upper back /shoulders, lower back pain radiating down right Lower extremity	10	102-109
4	06/06/YYYY	Right sacroiliac joint, Low Back, Lower Mid-back	8	169-178
5	06/06/YYYY	Neck	5	169-178
6	06/11/YYYY	Right shoulder	8	179-182
7	06/11/YYYY	Left shoulder	7	179-182
8	07/11/YYYY	Right shoulder	8	201-202
9	07/11/YYYY	Left shoulder	5	201-202
10	08/09/YYYY	Cervical spine pain radiating to upper back /shoulders , lower back pain radiating down right Lower extremity	8	204-207

11	09/06/YYYY	Cervical spine pain radiating to upper back /shoulders , lower back pain radiating down right Lower extremity	9	210-213
12	09/13/YYYY	Neck and low back	8	214-221
13	10/04/YYYY	Cervical spine pain radiating to upper back /shoulders , lower back pain radiating down right Lower extremity	8	235-238
14	01/02/YYYY	Right sacroiliac joint , Low Back , Neck , Lower Mid-back, Left Shoulder, Right shoulder	7-9	239-247