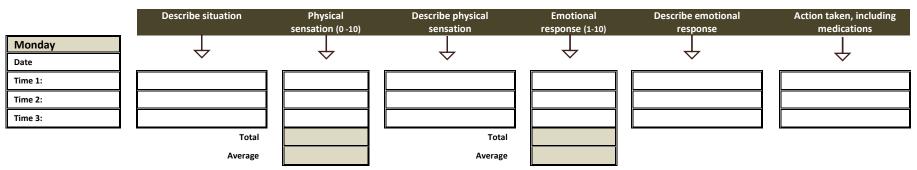


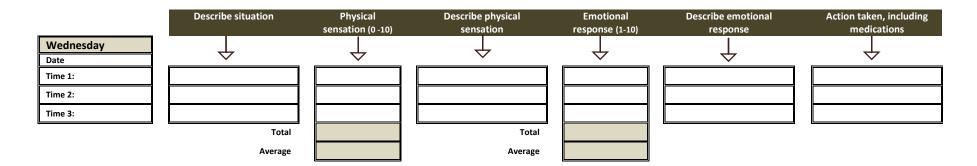
## Northshore Integrative Healthcare

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## Pain Diary

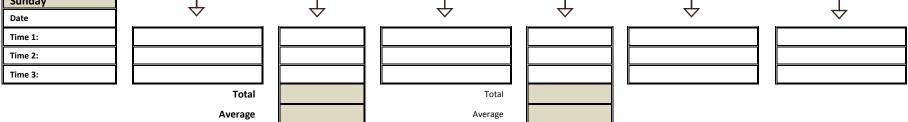


	Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
Tuesday			$\bot$	$\bot$	$\bot$	
Date	~	<u> </u>				$\bigtriangledown$
Time 1:						
Time 2:						
Time 3:						
	Total		Total			
	Average		Average			



1800 Hollister Drive, Suite 206, Libertyville, IL 60048 \* 455 S Roselle Road, Suite 104, Schaumburg, IL 60193 233 East Erie Street, Suite 702, Chicago, IL 60611 \* 2150 Pfingsten Road, Suite 2200, Glenview, IL 60026

	Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
Thursday		Schladion (0-10)	Schlation			
Date	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Time 1:						
Time 2:						
Time 3:						
0	Total		Total		<u>u</u>	
	Average		Average			
	Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
Friday			Sensation		response	medications
Date	$\checkmark$	$\checkmark$	$\checkmark$	$\triangleleft$	$\checkmark$	$\checkmark$
Time 1:						
Time 2:						
Time 3:						
	Total		Total			
	Average		Average			
	Describe situation	Physical sensation (0 -10)	Describe physical sensation	Emotional response (1-10)	Describe emotional response	Action taken, including medications
Saturday Date	$\downarrow$	$\downarrow$	$\downarrow$	$\downarrow$	$\checkmark$	$\downarrow$
Time 1:						
Time 2:						
Time 3:						
	Total		Total		L	
	Average		Average			
	Describe situation	Physical	Describe physical sensation	Emotional	Describe emotional	Action taken, including medications
Sunday Date	$\downarrow$	sensation (0 -10)		response (1-10)	response	



## PATIENT HANDOUT

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