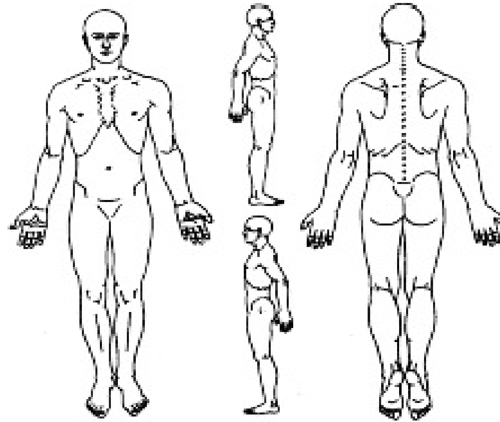
Name: ______________________________ Date: __________

PATIENT'S PRESENT COMPLAINTS / PROBLEM (begin with the most severe): ______________________________

On the drawing below, circle the area(s) where you have pain. Then, _for each area that you have circled_, designate a number from _0 to 10_ (**with 10 being the most pain**) that corresponds to your ***current*** pain level.



Your pain or soreness is: Diffuse / Spread out or Localized

Character of pain: Achy Boring Burning Dull Numb Sharp Shooting Sore Stiff Tingling

Severity: Minimal Mild Moderate Severe Extreme

When did your pain start? ______________________________ Was it: Gradual or Sudden

What caused your pain: Auto-Accident Work-Accident Other: explain - ______________________________

Frequency of pain: Occasional Intermittent Frequent Episodic Constant

Symptoms: Right / Left Neck pain Mid-back pain Low back pain Headache Arm pain Leg pain

Have pain radiating to: R / L inside / outside front / back of: Shoulder Elbow Hand Hip Knee Foot

Better with: Sit Stand Lying down Stretching Rest Activity Walk Run Other: __________

Worse with: Sit Stand Lying down Stretching Rest Activity Walk Run Other: __________

Timing: Better / Worse AM PM Sleeping Menstrual Cycle Weather Other: __________

Same Problem in the past?: Y / N When: ______________________________

Past Treatment: ______________________________ Past Dr: __________

Past Testing: ______________________________

What home remedies have you tried to relieve your condition: ______________________________

____

Have you ever had x-rays FOR THIS CONDITION?: Y / N

Have you ever had, FOR THIS or other CONDITIONs?: CAT Scan - Y / N MRI - Y / N

When, Where, Why: ______________________________

Have you had any surgeries since your last visit?: (what/when) ______________________________

Have you had any accidents or broken bones since your last visit?: (what/when) ______________________________

Are you taking any medications or supplements?: (what) ______________________________

What specific things do you look forward to being able to do again when this problem is resolved?: __________

____