

PATIENT HISTORY EXAM

Incident: PI WC Group Cash MC
Insurance:
NP React Re-exam New Injury

Today's Date (MM/DD/YYYY)

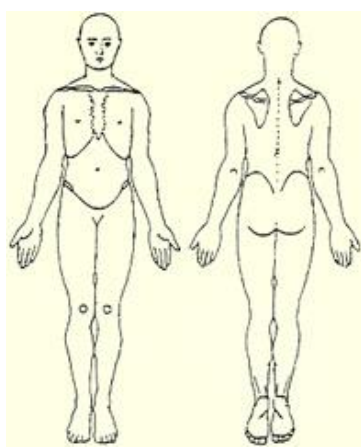
Last Name

First Name

Middle Name (Initial)

1. What symptoms prompted you to seek care today?

2. When did these symptoms start? How did they start?



3. Quality of Symptoms(What does it feel like?)

- Numbness
○ Tingling
○ Tightness
○ Dull
○ Aching
○ Cramps
○ Heavy
○ Sharp
○ Burning
○ Shooting
○ Throbbing
○ Stabbing
○ Other

○ Chiropractic : Where:

8. Prior Illnesses, operation, Injuries or treatments:

Previous xrays? If yes, where?

Allergies:

Tobacco Use:

Medications/Supplements:

Pain Scale: |0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 |
None-----Mild-----Mod-----Severe-----Worst

FRI Scale 0-----1-----2-----3-----4-----

Sleeping: |0-----1-----2-----3-----4 |
Perfect Mildly Moderately Greatly Totally
Disturbed Disturbed Disturbed Disturbed

Self-Care: |0-----1-----2-----3-----4 |
No Pain Mild pain Moderate Moderate Severe
No restrictions Slow moving Some ast. 100% ast.

Travel: |0-----1-----2-----3-----4 |
No pain Mild pain Moderate Moderate Severe
long trips long trips long trips short trips short trips

Work: |0-----1-----2-----3-----4 |
Usual duties Usual duties Can do 50% Can do 25% Can't
+ extra work no extra of usual of usual work

4. Duration & Timing (how often do you feel it?)

- Constant ○ Comes and goes

5. Radiation (Does it affect other areas of your body? To what areas does the pain radiate, shoot or travel?)

6. Condition Improves:

Condition Worsens:

7. Review of systems (Identify any changes since your most recent evaluation with us)

- a. Musculoskeletal System-osteoporosis, arthritis, neck pain, back problems, poor posture
b. Neurological System-anxiety, depression, headache, dizziness, pins & needles, numbness
c. Cardiovascular System-high blood pressure, low blood pressure, high cholesterol, chest pain
d. Integumentary System-skin cancer, psoriasis, eczema, acne, hair loss, rash
e. Genitourinary System-kidney stones, infertility, bedwetting, prostate issues, PMS symptoms
f. Constitutional System-fainting, low libido, poor appetite, fatigue, sudden weight, weakness
g. Lymphatic System-swelling or pain in lymph nodes of neck, axillae, groin & other areas

Recreation: |0-----1-----2-----3-----4 |
Can do all Can do most Can do some Can do few None
Activities Activities Activities Activities

Frequency: |0-----1-----2-----3-----4 |
(% of day) No pain 25% 50% 75% 100%

Lifting: |0-----1-----2-----3-----4 |
No pain Increased Increased Increased Increased
(Weight) Heavy Heavy Moderate Light Any

Walking: |0-----1-----2-----3-----4 |
(Distance) unlimited 1 mile 1/2 mile 1/4 mile any

Standing: |0-----1-----2-----3-----4 |
No pain Increased Increased Increased any
(Hours) Several Several 1 hour 1/2 hour Standing

Score: ____/40