



1. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

2. MRN #: \_\_\_\_\_

### Subjective Complaint

3. What are you coming in for today?

- Continued care of an ongoing concern
- New concern
- Maintenance or Wellness Visit

4. Is there anything else you want to make your provider aware of today?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Area of concern

5. What area of the body is this specific complaint?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Has your overall condition gotten better, same or worse?

- Improved
- Stayed the same
- Worsened
- Relief which lasted for awhile

7. What is your current pain rating, on a scale of 0 – 10 where 0 is no pain and 10 is severe pain?

- 0 (no pain)  1  2  3  4  5  6  7  8  9  10 (severe pain)

8. Does the discomfort radiate/travel?

- Yes  No

9. Where does the discomfort radiate/travel to?

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10. Please list the specific activities or movements that are affected by this concern (for example, bending over, getting in/out of car, using a computer, etc.)

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11. Has the activity shown signs of improvement or worsening? (check all that apply)

- Improved because of less pain
- Improved because of less stiffness
- Improved because of greater range of motion
- Stayed the same
- Worsened because of more pain
- Worsened because of more stiffness
- Worsened because of less range of motion

12. Do you have an additional complaint?

- Yes  No

## Area of Concern 2

13. What area of the body is this specific complaint?

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14. Has your overall condition gotten better, same or worse?

- Improved
- Stayed the same
- Worsened
- Relief which lasted for awhile

15. What is your current pain rating, on a scale of 0 – 10 where 0 is no pain and 10 is severe pain?

- 0 (no pain)  1  2  3  4  5  6  7  8  9  10 (severe pain)

16. Does the discomfort radiate/travel?

- Yes  No

17. Where does the discomfort radiate/travel to?

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18. Please list the specific activities or movements that are affected by this concern (for example, bending over, getting in/out of car, using a computer, etc.)

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19. Has the activity shown signs of improvement or worsening? (check all that apply)

- Improved because of less pain  
 Improved because of less stiffness  
 Improved because of greater range of motion  
 Stayed the same  
 Worsened because of more pain  
 Worsened because of more stiffness  
 Worsened because of less range of motion

20. Do you have an additional condition?

- Yes  No

## Area of Concern 3

21. What area of the body is this specific complaint?

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22. Has your overall condition gotten better, same or worse?

- Improved  
 Stayed the same  
 Worsened  
 Relief which lasted for awhile

23. What is your current pain rating, on a scale of 0 – 10 where 0 is no pain and 10 is severe pain?

- 0 (no pain)  1  2  3  4  5  6  7  8  9  10 (severe pain)

24. Does the discomfort radiate/travel?

- Yes  No

25. Where does the discomfort radiate/travel to?

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26. Please list the specific activities or movements that are affected by this concern (for example, bending over, getting in/out of car, using a computer, etc.)

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27. Has the activity shown signs of improvement or worsening? (check all that apply)

- Improved because of less pain  
 Improved because of less stiffness  
 Improved because of greater range of motion  
 Stayed the same  
 Worsened because of more pain  
 Worsened because of more stiffness  
 Worsened because of less range of motion

28. Do you have an additional condition?

- Yes  No

## Area of Concern 4

29. What area of the body is this specific complaint?

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30. Has your overall condition gotten better, same or worse?

- Improved  
 Stayed the same  
 Worsened  
 Relief which lasted for awhile

31. What is your current pain rating, on a scale of 0 – 10 where 0 is no pain and 10 is severe pain?

0 (no pain)  1  2  3  4  5  6  7  8  9  10 (severe pain)

32. Does the discomfort radiate/travel?

Yes

No

33. Where does the discomfort radiate/travel to?

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34. Please list the specific activities or movements that are affected by this concern (for example, bending over, getting in/out of car, using a computer, etc.)

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35. Has the activity shown signs of improvement or worsening? (check all that apply)

- Improved because of less pain
- Improved because of less stiffness
- Improved because of greater range of motion
- Stayed the same
- Worsened because of more pain
- Worsened because of more stiffness
- Worsened because of less range of motion