

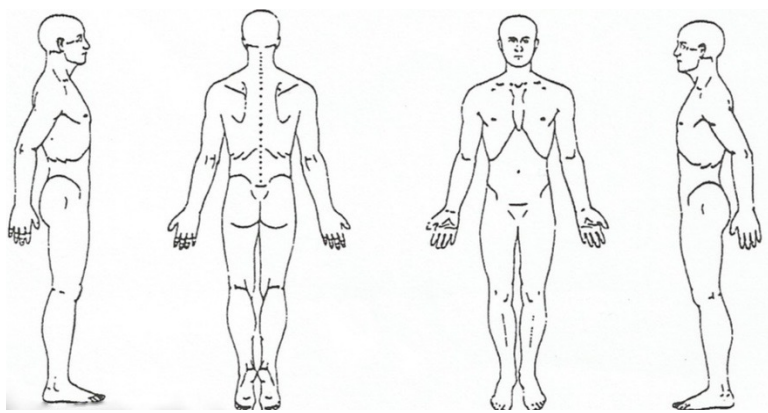
NAME: _____ DATE: ___/___/___

Please Describe Your Complaint: _____

Description:
 Sharp Pain
 Dull Pain
 Ache
 Weak
 Throbbing
 Numb
 Shooting
 Gripping
 Burning
 Tingling

Frequency:
 Constant (76-100%)
 Frequent (51-75%)
 Occasional (26-50%)
 Intermittent (25% or less)

Mark an **X** where you have pain/other symptoms.



Intensity: How would you rate your pain, with 0 being no pain and 10 being unbearable pain? _____

Have your symptoms decreased not changed increased?
Symptoms are worse: morning afternoon night increases during the day same all day
 How long have your symptoms been present? _____ days _____ weeks _____ years
 If it followed a specific incident please date & describe: _____

If from lifting, how many lbs? _____ Did you lift: Once A few times Many times?
 In what position were you? Bent forward Bent backwards Knees bent Twisted
 Do you repeat the same motion often? Yes No

What doctors/providers have you seen for this episode? DC MD DO PT
Currently seeing? DC MD DO PT
 Examinations & Dates: X-Ray ___/___/___ MRI ___/___/___ CT ___/___/___
 Other ___/___/___ Describe: _____

Treatment: Exercise Heat Cold Medications Support Electrical Therapy Manipulation Surgery
 Describe: _____

In the past, have you been treated for the same/similar problem? Yes - When? ___/___/___ No
 Type of provider seen? DC MD DO PT _____

What makes your problem better? Lying down Walking Standing Sitting Movement/Exercise Inactivity
What makes your problem worse? Lying down Walking Standing Sitting Movement/Exercise Inactivity

How would you rate your general stress level? Little/None Minimal Moderate Greatly Stressed
General physical activity: No regular exercise program Light exercise Moderate exercise Strenuous exercise

Physical activity at work: Sitting more than 50% of the day Light manual labor Manual labor
 Heavy manual labor Repeated motion

Occupation: _____ **Full or part time?** _____

Has your work status changed because of this complaint? Yes No

What is your current work status?
 Full time, no restrictions Part time, with restrictions Retired
 Full time, with restrictions Off work due to restrictions Full time homemaker
 Part time, no restrictions Unemployed Full time student
 Other: _____