

PLEASE
PLACE
PATIENT'S
LABEL
HERE

OTHER INFORMATION:

AGE: _____
CLAIM
NUMBER: _____
REFERRAL
SOURCE: _____

ALL ITEMS MAY BE DISCUSSED IN DETAIL WITH YOUR DOCTOR
LEAVE ANY QUESTION BLANK IF YOU PREFER NOT TO ANSWER IT

Chief Concern: _____

1. Associated with a specific injury: Yes No
If yes, briefly describe injury: _____

2. When did this start (mo/day/yr if known): _____

3. How did it start: Gradually over weeks Over days
 Suddenly Other _____

4. How is it going: Improving Worse No change
 Other _____

CURRENT SYMPTOMS:

• Amount of Pain (mark an "x" along each of these 2 lines):
AT ITS BEST:



AT ITS WORST:



NO PAIN

UNBEARABLE PAIN

- Quality of Pain (choose all that fit):
 Burning Sharp Achy Dull
 Constant Other _____
- Any numbness: Y N Where _____
- Any tingling: Y N Where _____
- Any weakness: Y N Where _____
- Night pain: A lot A little None Other _____
How much sleep do you get: _____ hours

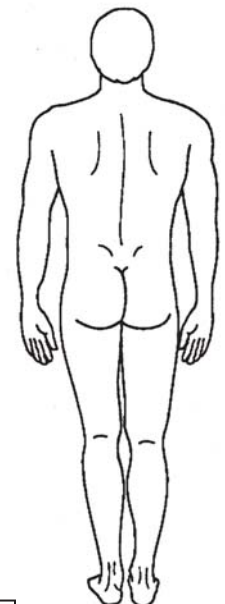
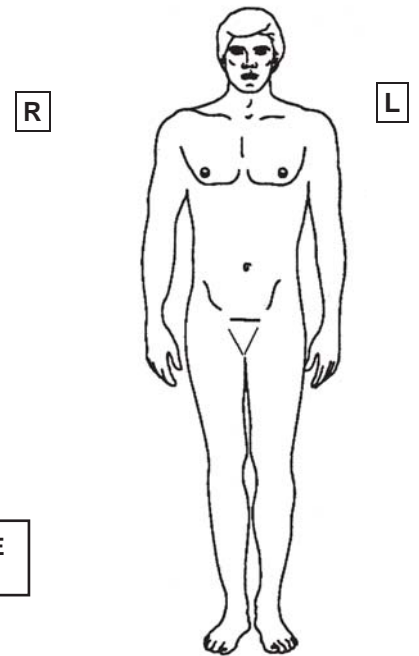
Rank these positions in order of comfort:

	Best	Better	Worse	Worst
Sitting				
Standing				
Walking				
Lifting				
Lying Down				
Other:				

Please Fill Out the
Pain Diagram

Shade Painful Body Regions
To Show Where the Pain is

Apply "X" for Numbness/
Tingling Areas



Please complete other side.

REVIEW of SYSTEMS

Constitutional neg

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- Fever
- Chills
- Weight loss
- Malaise/Fatigue
- Excessive sweating
- Weakness

Skin neg

- Rash
- Itching

HENT neg

- Headaches
- Hearing loss
- Ringing in ears
- Ear pain
- Ear discharge
- Nosebleeds
- Congestion
- Sore throat

Eyes neg

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- Blurred vision
- Double vision
- Sensitive to light
- Eye pain
- Eye discharge
- Eye redness

Cardiovascular neg

- Chest pain
- Palpitations
- Labored breathing
- Leg pain / walking
- Leg swelling

Respiratory neg

- Cough
- Blood in sputum
- Sputum production
- Shortness of breath
- Wheezing

Gastrointestinal neg

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- Heartburn
- Nausea
- Vomiting
- Abdominal pain
- Diarrhea
- Constipation
- Blood in stool

Genitourinary neg

- Painful urination
- Urgency
- Frequency
- Blood in urine
- Flank pain

Musculoskeletal neg

- Muscle pain
- Neck pain
- Back pain
- Joint pain
- Falls

Endo/Hemi/Aller neg

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- Easy bruise/bleed
- Env allergies
- Excessive thirst

Neurological neg

- Dizziness
- Tingling
- Tremor
- Sensory change
- Speech change
- Focal weakness
- Seizures
- Loss of consciousness

Psychiatric neg

- Depression
- Suicidal ideas
- Substance abuse
- Hallucinations
- Nervous/Anxious
- Trouble sleeping
- Memory loss

Please mark the box of the tasks you can perform independently.

- Eat Bathe Dress Use the toilet Get up from a chair.