

Name _____

Date _____

Original Complaints

Head: (circle as many as apply)

A) Headache 1) Mild 2) Moderate 3) Severe Frequency: (1 2 3 4 5 6 7) times per (Day Week Month)
Are they 1) Sharp 2) Dull 3) Constant 4) Intermittent

Location: 1) back of head 2) forehead 3) right side 4) left side 5) behind eyes

B) Light Headed C) Dizziness D) Loss of Balance E) Blurred Vision F) Ringing in Ears G) Fainting
H) JAW Pain I) sensitivity to light

Neck: (circle as many as apply)

A) Pain: 1) Left Side 2) Right Side 3) Both Pain Level 1) Mild 2) Moderate 3) Severe

Pain Increased by: 1) Forward bending 2) Backward Bending 3) rotating head to left 4) rotating head to right 5) bending neck left 6) bending neck right

B) Stiffness C) Muscle Spasm D) Grinding

Shoulders: (circle as many as apply)

A) Pain in Joint	Left	Right	Both
B) Limitation of Motion	Left	Right	Both
C) Tension	Left	Right	Both
D) Location	Front	Back	

Arms and Hands: (circle as many as apply)

A) Pain in upper arm	Left	Right	Both
B) Pain in elbow	Left	Right	Both
C) Pain in forearm	Left	Right	Both
D) Pins and needles (arm)	Left	Right	Both
E) Numbness in arm	Left	Right	Both
F) Numbness in forearm	Left	Right	Both
G) Pain in wrist	Left	Right	Both
H) Pain in hand	Left	Right	Both
I) Pins and needles (hand)	Left	Right	Both
J) Numbness- hand and fingers	Left	Right	Both

Mid Back: (circle as many as apply)

A) Pain	Left	Right	Both	Pain Level: 1) Mild 2) Moderate 3) Severe
B) Muscle Spasm	Left	Right	Both	
C) Rib Pain	Left	Right	Both	

OVER

Low Back: (circle as many as apply)

Patient ID # _____

- A) Lumbar Pain Left Right Both
- B) Sacroiliac Pain Left Right Both
- C) Muscle Spasm Left Right Both

Pain Level: 1) Mild 2) Moderate 3) Severe

Hips and Legs: (circle as many as apply)

- A) Pain in Buttocks Left Right Both
- B) Pain in Hips Left Right Both
- C) Pain in Down Leg Left Right Both
- Radiates to: 1) sole of foot 2) top of foot 3) calf 4) back of leg 5) hamstring 6) thigh
- D) Numbness down Leg Left Right Both
- E) Numbness in Foot/Toes Left Right Both
- F) Knee pain Left Right Both

Foot and Ankle: (circle as many as apply)

- A) Ankle Pain Left Right Both
- B) Swollen Ankle Left Right Both
- C) Foot Pain Left Right Both

Health History: (circle as many as apply)

- | | | | | |
|-------------------|---------------------|---------------------|----------------------|--------------------|
| AIDS/HIV | Cataracts | Hernia | Osteoporosis | Stroke |
| Alcoholism | Chemical Dependency | Herniated Disc | Pacemaker | Suicide attempt |
| Allergies | Chickenpox | Herpes | Parkinson's disease | Thyroid Problems |
| Anemia | Depression | High Blood Pressure | Pinched Nerve | Tonsillitis |
| Anorexia | Diabetes | High Cholesterol | Pneumonia | Tuberculosis |
| Appendicitis | Emphysema | Kidney Diseases | Polio | Tumors |
| Arthritis | Epilepsy | Liver Disease | Prostate Problems | Ulcers |
| Asthma | Fractures | Measles | Prosthesis | Vaginal Infections |
| Bleeding disorder | Glaucoma | Migraines | Psoriasis | Venereal disease |
| Blocked arteries | Goiter | Miscarriage | Psychiatric Care | Whooping Cough |
| Breast lump | Gout | Mononucleosis | Rheumatoid Arthritis | Other _____ |
| Bronchitis | Heart Disease | Multiple Sclerosis | Rheumatic Fever | _____ |
| Cancer | Hepatitis | Mumps | Scarlet fever | _____ |

Name of Primary Care Physician _____

Date of Last Exam _____

Women: Are you pregnant Y N Nursing? Y N Taking Birth Control Pills? Y N

List any surgeries you have had and the dates: _____

Signature _____

Date _____