Present Complaint - What brings you in the office today?

Mark your areas of pain on the figure Below

1 Primary Complaint: (Where do you hurt?)

How long have you been experiencing this primary complaint?

Describe any recently related accident or fall:

How often do you experience symptoms? (check only one)

☐ Constant 100% ☐ Frequent 75%
☐ Intermittent 50% ☐ Occasional 25%
☐ Rare 10% ☐ Weekly ☐ Monthly ☐ yearly

What makes the symptoms worse?

What gives relief of symptoms?

How does the primary complaint feel:

☐ Sharp ☐ Dull/achy ☐ Tingling ☐ Burning
☐ Throbbing ☐ Numbness ☐ Stabbing ☐ Cold

Where does the pain radiate to?

Does it wake you up at night? Y ☐ N ☐

How bad is your pain? (indicate 0 no pain - 5 pain prevents my daily activity - 10 unbearable/bed ridden)

Mild 0 --------------------------- 5 --------------------------- 10 Severe

The symptoms I experience make it difficult to:

☐ sleep ☐ carry objects ☐ move arms/legs
☐ short walk ☐ long walk ☐ twist ☐ lift ☐ bend ☐ use bathroom
☐ shower ☐ clean house ☐ do dishes ☐ vacuum ☐ enjoy life ☐ enjoy spouse

2 Secondary Complaint: (what else bothers you?)

How long have you been experiencing this primary complaint?

Describe any recently related accident or fall:

How often do you experience symptoms? (check only one)

☐ Constant 100% ☐ Frequent 75%
☐ Intermittent 50% ☐ Occasional 25%
☐ Rare 10%

What makes the symptoms worse?

What gives relief of symptoms?

How does the secondary complaint feel:

☐ Sharp ☐ Dull/achy ☐ Tingling ☐ Burning
☐ Throbbing ☐ Numbness ☐ Stabbing ☐ Cold

Where does the pain radiate to?

Does it wake you up at night? Y ☐ N ☐

How bad is your pain? (indicate 0 no pain - 5 pain prevents my daily activity - 10 unbearable/bed ridden)

Mild 0 --------------------------- 5 --------------------------- 10 Severe