



**Chief Complaint – HPI (History of Present Illness)**

Patient Name: \_\_\_\_\_ Case: \_\_\_\_\_ Date: \_\_\_\_\_ Dr: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

**Body Area(s) Involved:**     Cervical     Spine, Ribs, Pelvis     Upper Extremity     Lower Extremity

**Condition:**     New →     Acute    or     Chronic  
                    Recurrence (Acute)     Exacerbation (Acute)     Chronic

**Mechanism of Onset:**

- Auto:             Driver/Passenger     Pedestrian    (refer to completed auto accident history form)
- Work Related:     Fall     Falling Object     Lifting     Overexertion     Repetitive Motion     Other: \_\_\_\_\_
- Other – Liability:     Slip or Fall     Other: \_\_\_\_\_
- Other – No Liability:     Etiology Unknown     Overexertion     Repetitive Use     Slept Wrong     Slip or Fall
- No Injury

**Description of Onset of Complaint:** \_\_\_\_\_

**Current Symptoms:**     Pain             Numbness             Stiffness             Weakness

**Location:**    Left / Right / Bilateral \_\_\_\_\_

**Quality:**     Burning             Diffuse             Dull/Aching             Localized             Radiating             Sharp             Shooting  
                    Stabbing             Throbbing             Tightness             Tingling             Other \_\_\_\_\_

**Level of Impairment Due to Symptoms (Resting):**

0            1            2            3            4            5            6            7            8            9            10

**Level of Impairment Due to Symptoms (With Activity):**

0            1            2            3            4            5            6            7            8            9            10

**Duration:**            Started: \_\_\_\_\_

Last Occurred: \_\_\_\_\_    Last episode: \_\_\_\_\_    Resolved Previous Visit: \_\_\_\_\_

Worsened: \_\_\_\_\_    Injury Occurred: \_\_\_\_\_    Accident Occurred: \_\_\_\_\_

**Timing:**    Worse:     Morning     Afternoon     Night     with Activity;             Constant     Intermittent

**Context:**            Better with:     Warm Temp     Cold Temp            Worse with:     Warm Temp     Cold Temp     Damp

**Assoc Signs and Symptoms:**     Blurred Vision     Depression             Dizziness             Irritability/Mood Swing  
                    Localized Tingling     Nausea             Ringing in Ears     Sleep Disturbance     Stiffness

**Headaches:**            Location:     Occipital     Frontal     Left Temporal     Right Temporal     Parietal     Sinus  
                   Quality:     Dull             Sharp             Throbbing             Stabbing             Aura             No Aura  
                   Types:     Hat Band     Cluster     Migraine             Tension  
                   Other: (frequency/duration/time of day) \_\_\_\_\_

**Radiation:** Left / Right / Bilateral \_\_\_\_\_

**Weakness:** Left / Right / Bilateral \_\_\_\_\_

**Other Assoc Signs and Symptoms:**

- |                                       |  |  |  |   |
|---------------------------------------|--|--|--|---|
| <input type="checkbox"/> aches        | <input type="checkbox"/> burning         | <input type="checkbox"/> cold limb(s)            | <input type="checkbox"/> difficulty walking  | <input type="checkbox"/> dizziness        |
| <input type="checkbox"/> ecchymosis   | <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> fever                   | <input type="checkbox"/> heartburn           | <input type="checkbox"/> joint stiffness  |
| <input type="checkbox"/> muscle spasm | <input type="checkbox"/> muscle weakness | <input type="checkbox"/> nausea                  | <input type="checkbox"/> numbness            | <input type="checkbox"/> pale bluish skin |
| <input type="checkbox"/> panic        | <input type="checkbox"/> pins & needles  | <input type="checkbox"/> rhinorrhea (runny nose) | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> sweating         |
| <input type="checkbox"/> swelling     | <input type="checkbox"/> tingling        | <input type="checkbox"/> vomiting                |  |   |

**Description of Onset of Complaint:** \_\_\_\_\_

**Current Symptoms:**  Pain  Numbness  Stiffness  Weakness

**Location:** Left / Right / Bilateral \_\_\_\_\_

**Quality:**  Burning  Diffuse  Dull/Aching  Localized  Radiating  Sharp  Shooting  
 Stabbing  Throbbing  Tightness  Tingling  Other \_\_\_\_\_

**Level of Impairment Due to Symptoms (Resting):**

0      1      2      3      4      5      6      7      8      9      10

**Level of Impairment Due to Symptoms (With Activity):**

0      1      2      3      4      5      6      7      8      9      10

**Duration:** Started: \_\_\_\_\_

Last Occurred: \_\_\_\_\_ Last episode: \_\_\_\_\_ Resolved Previous Visit: \_\_\_\_\_

Worsened: \_\_\_\_\_ Injury Occurred: \_\_\_\_\_ Accident Occurred: \_\_\_\_\_

**Timing:** Worse:  Morning  Afternoon  Night  with Activity;  Constant  Intermittent

**Context:** Better with:  Warm Temp  Cold Temp      Worse with:  Warm Temp  Cold Temp  Damp

**Assoc Signs and Symptoms:**  Blurred Vision  Depression  Dizziness  Irritability/Mood Swing  
 Localized Tingling  Nausea  Ringing in Ears  Sleep Disturbance  Stiffness

**Headaches:** Location:  Occipital  Frontal  Left Temporal  Right Temporal  Parietal  Sinus  
Quality:  Dull  Sharp  Throbbing  Stabbing  Aura  No Aura  
Types:  Hat Band  Cluster  Migraine  Tension  
Other: (frequency/duration/time of day) \_\_\_\_\_

**Radiation:** Left / Right / Bilateral \_\_\_\_\_

**Weakness:** Left / Right / Bilateral \_\_\_\_\_

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Other: (frequency/duration/time of day) \_\_\_\_\_

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**Weakness:** Left / Right / Bilateral \_\_\_\_\_

**Other Assoc Signs and Symptoms:**

- aches
- ecchymosis
- muscle spasm
- panic
- swelling
- burning
- chronic fatigue
- muscle weakness
- pins & needles
- tingling
- cold limb(s)
- fever
- nausea
- rhinorrhea (runny nose)
- vomiting
- difficulty walking
- heartburn
- numbness
- shortness of breath
- dizziness
- joint stiffness
- pale bluish skin
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**Duration:** Started: \_\_\_\_\_

Last Occurred: \_\_\_\_\_ Last episode: \_\_\_\_\_ Resolved Previous Visit: \_\_\_\_\_

Worsened: \_\_\_\_\_ Injury Occurred: \_\_\_\_\_ Accident Occurred: \_\_\_\_\_

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- dizziness
- joint stiffness
- pale bluish skin
- sweating

**Modifying Factors:**

Symptoms Better With:  nothing helps  activity  bending  applying cold  applying heat  
 massage  movement  OTC meds  Rx meds  rest  
 stretching  sitting  standing  twisting  walking

Symptoms Worse With: (as noted in Social History)

Since condition began, has anything permanently helped you?  YES  NO

Has anything that you have done, thus far, fixed you problem?  YES  NO

**Employment:**

Occupation/Job Title: \_\_\_\_\_ Work: \_\_\_\_\_ hrs / day or week

Description of Work: \_\_\_\_\_

Job Classification:  Sedentary (<5lbs)  Light (5-20lbs)  Moderate (20-50lbs)  Heavy (>50 lbs)

Lifting Frequency:  Constant (67-100%/day)  Frequent (33-66%/day)  Occasional (0-32%/day)

Lifting Postures:  with Arms  High Near  from Knee  Off Posture  from Torso

Work Activity Postures: (hrs/day)

bending: \_\_\_\_\_ h/d  climbing: \_\_\_\_\_ h/d  kneeling: \_\_\_\_\_ h/d  pulling: \_\_\_\_\_ h/d  pushing: \_\_\_\_\_ h/d  
 reaching: \_\_\_\_\_ h/d  sitting: \_\_\_\_\_ h/d  standing: \_\_\_\_\_ h/d  twisting: \_\_\_\_\_ h/d  walking: \_\_\_\_\_ h/d

Repetitive Activities: (hrs/day)

assembly/fine manipulation: \_\_\_\_\_ h/d  computer use/typing: \_\_\_\_\_ h/d  grasping: \_\_\_\_\_ h/d  
 hand tool use: \_\_\_\_\_ h/d  operation of machinery controls: \_\_\_\_\_ h/d  phone use: \_\_\_\_\_ h/d

**Condition's Effect On Job Performance:**

Mild Painful (Can do)  Mod Painful (limited ability)  Mod/Sev Limited Duty  Sev No Limited Duty  Sev (can't do limited duty)

**Daily Activities: Effects of Current Condition on Performance**

Bending:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform  
Care -Infirm Family:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform  
Carrying Groceries:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform

- Change Posn–Sit–Stand:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Climb Stairs:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Driving:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Extended Computer Use:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Feeding:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Household Chores:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Kneeling:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Lift Children:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Lifting:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Pet Care:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Reading (Concentration):  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Self Care:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Self Care–Bathing:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Self Care–Dressing:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Self Care–Shaving:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Sexual Activities:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Sleep:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Static Sitting:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Static Standing:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Walking:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- Yard Work:  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform

**Recreational Activity: Effects of Current Condition on Performance**

- \_\_\_\_\_  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform
- \_\_\_\_\_  **No Effect**  **Mild** Painful (Can do)  **Mod** Painful (Limited)  **Sev** Unable to Perform

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