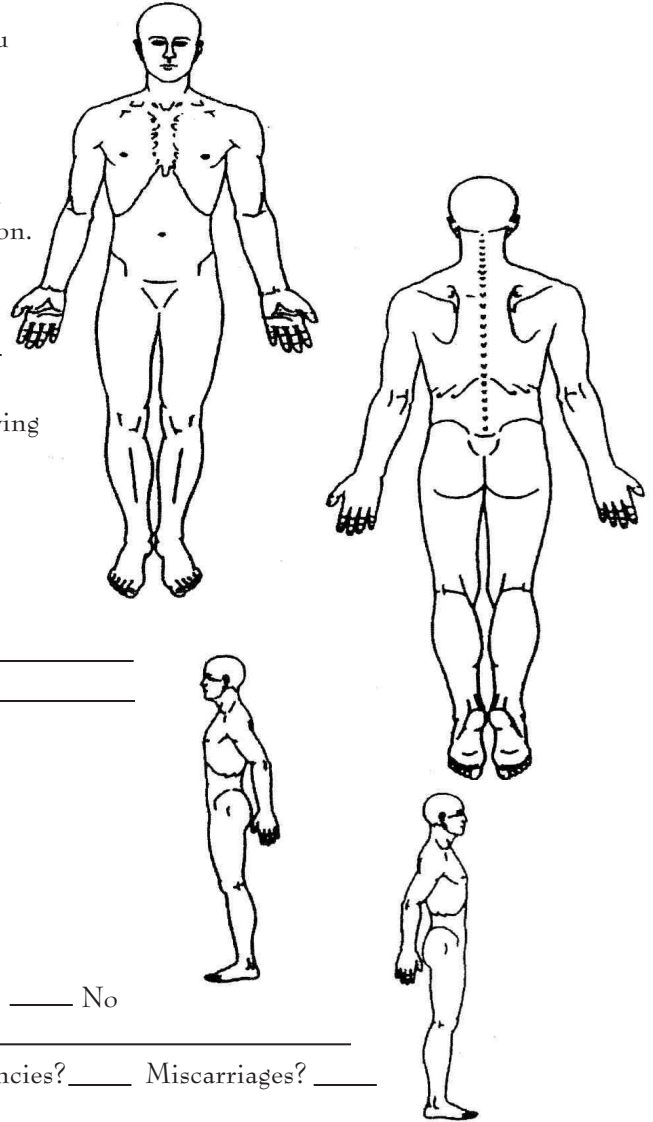


PATIENT HISTORY

1. What is your main complaint? _____
2. On the scale below, please circle the **severity** of your **main complaint** (at its worst)
None Slight Mild Moderate Severe
0 1 2 3 4 5 6 7 8 9 10
3. On the scale below, please circle the **percentage of time** you experience your main complaint:
Occasional Intermittent Frequent Constant
0 10 20 30 40 50 60 70 80 90 100%
4. a. When did your symptoms first begin? _____
_____ This is the first time I am experiencing this condition.
_____ This is an exacerbation of a previous condition.
b. What were you doing when your symptoms began?

5. On the diagram to the right, please show **where** you were experiencing **all** of the **present complaints** using the following letters:
A: ache B: burning pain C: cramping D: dull pain
R: throbbing pain N: numbness T: tingling
6. a. When do you notice it most? _____ AM _____ PM
b. How long does it last? _____ Mins _____ Hrs
7. What makes it feel better? _____
8. What makes it feel worse? _____
9. I have been
_____ hospitalized for this problem
_____ treated by another chiropractor
_____ treated by another specialty provider
_____ not received care for this problem
10. Have you lost work time because of it? _____ Yes _____ No
Dates: _____ to _____
11. Are you experiencing any other health concerns? _____ Yes _____ No
Please explain: _____
12. Are you pregnant? _____ Yes _____ No Number of pregnancies? _____ Miscarriages? _____
13. What was the first day of your last menstrual cycle? _____



Do you have pain and/or difficulty performing any of the following activities? (check all that apply)	
<input type="checkbox"/> Personal care/grooming	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Lifting	<input type="checkbox"/> Recreational activities/hobbies
<input type="checkbox"/> Reading	<input type="checkbox"/> Walking
<input type="checkbox"/> Concentrating	<input type="checkbox"/> Sitting
<input type="checkbox"/> Working	<input type="checkbox"/> Standing
<input type="checkbox"/> Driving	<input type="checkbox"/> Social activities