

## **Description of Symptoms**

Describe only your **WORST** symptom, or chief complaint, on this page. Additional complaints can be entered on the following pages.

A) FIRST Current Symptoms: (Please check off the boxes in the sections below to describe your one WORST symptom)

1)	Check only ONE body location	n below		, , , ,				
С	hoose One: Le	ft Right	Both	Indicate on the drawing below the location of				
	Jaw			your WORST complaint only				
	Eye			your wonst complaint only				
	Neck							
	Upper Back							
	Mid Back							
	Low Back							
	Chest							
	Abdomen							
	Ribs							
	Buttocks							
	Shoulder			The same of the sa				
	Upper Arm							
	Forearm [							
	] Hand							
	] Hip							
	Leg							
	Foot							
	] Headaches							
	☐ Front ☐ Top ☐ Back of hea	ad						
	Other locations:							
2)	Types of pain			6) Actions affecting this pain				
	Dull Sharp	Achi	ng 🔲 Cı	utting Brings Aggravates Relieves				
	Throbbing 🔲 Burning	Num	ıbing 🔲 Tiı	ngling On				
	Spasm Stinging	Shoo	oting 🔲 Po	ounding In the A.M.				
	Cramping Constricting	;		☐ In the P.M. ☐ ☐ ☐				
0	ther types of pain:			Bending forward				
Bending back								
3) 「	Pain Frequency	1/ to 1	√ of time	_ Bending left				
F	Up to ¼ of awake time	=	all the time	Bending right				
L	_ ½ to ¾ of awake time	iviost	an the time	Twisting left				
Twisting right								
4) 	Pain Intensity (How it affects  Doesn't affect		what affects	_ Coughing				
F		=						
L	Seriously affects	Preve	nts activities	Standing				
<b>د</b> ۱	Does this pain radiate other I	hody parts	<b>.</b>	Sitting				
<b>)</b>	Left	Right	r Both					
Г	Head	Kigiit		Other Actions:				
F	Neck	H	H					
누	Shoulder	$\vdash$	$\vdash$	——————————————————————————————————————				
늗	Arm	$\vdash$	H					
F	Hand	$\vdash$	H					
F	Hip	$\vdash$	H					
F	Leg	$\vdash$	$\vdash$					
F	Foot	님	H					
	ther locations of radiation:		Ш					
J	and rocations of faulation.							

## **Description of Symptoms**

Describe only your **SECOND** symptom, or chief complaint, on this page. Additional complaints can be entered on the following pages.

SECOND Current Symptoms: (Please check off the boxes in the sections below to describe your one SECOND symptom) Check only ONE body location below Both Choose One: Left Right Indicate on the drawing below the location of Jaw your SECOND complaint only Eye Neck Upper Back Mid Back Low Back Chest Abdomen Ribs **Buttocks** Shoulder Upper Arm Forearm Hand Hip Leg Foot Headaches Front Top Back of head Other locations: Types of pain 6) Actions affecting this pain Dull Aching Cutting Sharp Throbbing **Tingling Brings** Aggravates Relieves Burning Numbing On Spasm Stinging Shooting Pounding In the A.M. Constricting Cramping In the P.M. Other types of pain: ☐ Bending forward **Pain Frequency** ☐ Bending back ¼ to ½ of time Up to ¼ of awake time ☐ Bending left Most all the time ½ to ¾ of awake time ☐ Bending right ☐ Twisting left ☐ Twisting right Pain Intensity (How it affects daily activities) Doesn't affect Somewhat affects Coughing Sneezing Seriously affects Prevents activities ☐ Straining Does this pain radiate other body parts? ☐ Standing Right Left Both Sitting Head Lifting Neck Other Actions: Shoulder Arm Hand Hip Leg Foot Other locations of radiation:

## **Description of Symptoms**

Describe only your **THIRD** symptom, or chief complaint, on this page. Additional complaints can be entered on the following pages.

C) THIRD Current Symptoms: (Please check off the boxes in the sections below to describe your one THIRD symptom)

6) Check only ONE body location below								
Choose One:  Jaw Eye Neck Upper Back	Left Right Bo	oth	Indicate on the drawing b your THIRD com					
Mid Back Low Back Chest Abdomen Ribs Buttocks Shoulder Upper Arm Forearm Hand Hip Leg Foot Headaches Front Top Back Other locations:								
7) Types of pain			6) Actions affecting this pain					
Dull Sharp Throbbing Burning Spasm Stinging Cramping Constricti Other types of pain:	Aching Numbing Shooting	Cutting Tingling Pounding	Bring On In the A.M. In the P.M. Bending forward Bending back	s Aggravates Relieves				
8) Pain Frequency			Bending left					
Up to ¼ of awake time ½ to ¾ of awake time	☐ ¼ to ½ of ti ☐ Most all the		Bending right Twisting left Twisting right					
9) Pain Intensity (How it affect			Coughing Sneezing	H				
Doesn't affect Seriously affects	Somewhat Prevents ac		Straining Standing					
10) Does this pain radiate other	er body parts?		Sitting Lifting					
Left  Head  Neck Shoulder Hand Hip Leg Foot Other locations of radiation:	Right	Both	Other Actions:					