SUBJECTIVE COMPLAINTS

Patient Name: _____ **Date:** _____

Please note areas of concern or pain:_____

When/How did this happen? _____

Please circle the answers to each of the following questions:

Were you involved in a: Work related injury Auto accident Neither

Do your symptoms: Come and go Come on gradually Come on suddenly

Have symptoms persisted for: Hours One day Days Weeks Months Years

What makes your condition worse? Sneezing Straining Rising from sitting Sitting Bending
Driving Getting in/out of car Exercise Activities of Daily Living Work activities Stress
Weather Sleeping Lifting Symptoms worse in the A.M. Symptoms worse in the PM

What makes your condition better? Chiropractic adjustment Over the Counter pain relievers
Prescription medication Exercise Rest Ice (cold pack) Heat (hot pack) Walking

Have you had this condition before? _____ **If so when?** _____

Please circle any nervous system complaints that apply: Blurred Vision Depression or Crying Spells
Buzzing/Ringing in Ears Dizziness Loss of Sleep Confusion Fainting Muscle Jerking
Convulsions Paralysis Numbness Headaches

List name(s) of Doctor(s) previously seen for this condition: _____
_____

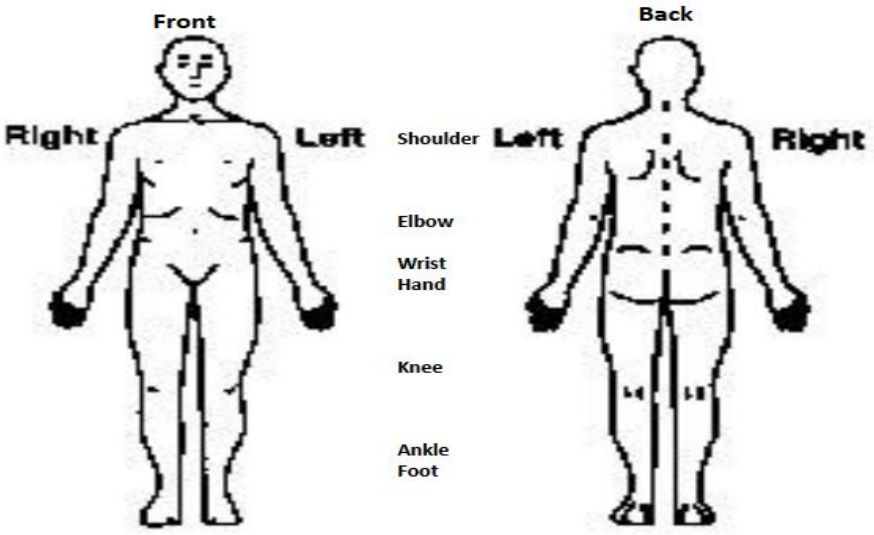
List medications you are currently taking:_____
_____

Describe any fractures, surgeries, motor vehicle accidents, or athletic injuries you have had and the areas of the body affected:_____
_____

Date of last XRAY: _____**XRAYs were taken of which areas of the body ?**_____

WOMEN ONLY: **Are you pregnant**? _____ **Date of onset of last menstrual cycle**: _____

Please circle on the figure below the area(s) where you have pain or discomfort:



Please describe the pain(s) using the chart below. <u>Circle the word</u> best describing the pain(s) and then <u>rate it by number</u> from 1 to 10 (0 = no pain….5=moderate pain… 10=excruciating pain):

Neck	Sharp	Dull	Numb	Tight	Pain is a _____ out of 10
Mid Back	Sharp	Dull	Numb	Tight	Pain is a _____ out of 10
Low Back	Sharp	Dull	Numb	Tight	Pain is a _____ out of 10
Other _____	Sharp	Dull	Numb	Tight	Pain is a _____ out of 10