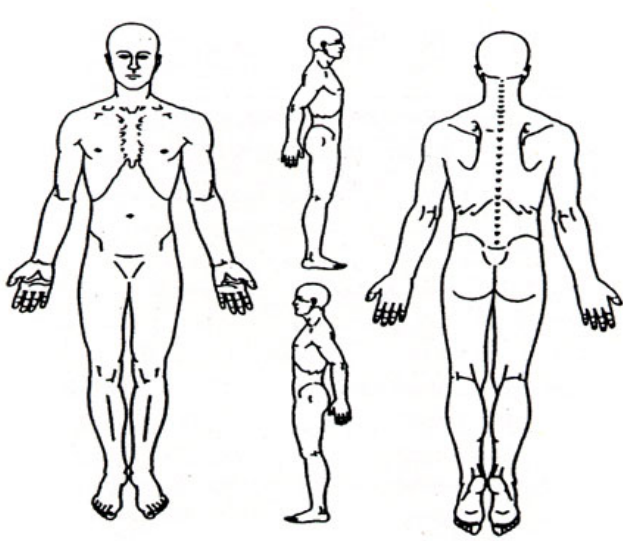
Chief Complaint/Injury

NAME:_____ **DATE"**_____

1. CHIEF COMPLAINT_____
_____
2. PROBLEM FIRST BEGIN_____
3. MECHANISM OF INJURY _____
5. ON THE DIAGRAM BELOW, PLEASE SHOW **WHERE** YOU ARE EXPERIENCING PAIN SYMPTOMS RELATED TO YOUR COMPLAINT.
USE THE LETTERS TO REPRESENT **WHAT** TYPE OF PAIN.

A: ACHING
B: BURNING
C: CRAMPING
D: DULL THROBBING
M: MUSCLE
N: NUMBNESS
S: SHARP
T: TINGLING

_____
_____
_____
_____
_____
_____



4. RATE YOUR PAIN (10 worst possible pain) 1 2 3 4 5 6 7 8 9 10 (Generally)

1 2 3 4 5 6 7 8 9 10 (At its worst)

6. **HOW** LONG HAVE YOU BEEN IN PAIN _____
7. **WHEN** DO YOU NOTICE IT MOST _____
8. **WHAT** MAKES IT FEEL **BETTER**?_____
9. **WHAT** MAKES IT FEEL **WORSE**?_____
10. HAVE YOU EVER HAD A SIMILAR **PROBLEM IN** THE **PAST**? ☐ **YES** ☐ **NO**

HOW OFTEN?_____ _____
LAST EPISODE? _____

11.HAVE YOU BEEN **TREATED BY ANYONE ELSE**?_____

IF SO **WHO**? _____

12. HAVE YOU **LOST TIME** FROM **WORK** BECAUSE OF IT? ☐ **YES** ☐ **NO**
DATES? _____ TO _____

13. **OTHER PROBLEMS** _____
_____
_____
_____
_____
_____

DOCTOR'S USE ONLY

☐ ACUTE INJURY
☐ SUDDEN ONSET
☐ PROGRESSIVE W/O OBVIOUS CAUSE
N0. EPISODES X _____

AREA/MUSCULAR_____
_____
_____
_____
_____
_____
_____
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_____

☐ REFERRED☐ UNRELATED
☐ CONSTANT☐ INTERMIT
FAMILY Hx:_____
_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____
_____

EPISODIC PRESENTATION:
A_____ SA_____CHRONIC_____

SYMPTOM STATUS:
☐ TASK RELATED_____
☐ DECREASING SINCE_____
☐ INCREASING_____
EFFECTS:SOCIAL/WORK / PERSONAL :
_____
_____
_____
_____
_____
_____
HX MVA _____
_____
FX::_____ _____
_____
ILLNESS: _____
_____
W.C._____
_____
_____