

HISTORY OF CURRENT CONCERN

Health Concern (Symptom): _____

(Please use a separate CURRENT CONCERN HISTORY for each major symptom.)

Where on or in your body is the symptom, the location?

Head Neck Upper-back Mid-back Lower-back Pelvis Tail-bone Abdomen
Shoulder Elbow Wrist Hand Hip Thigh Knee Lower-leg Ankle Foot

On a scale from 0-10, with 10 being the worst, please circle the number that best describes the symptom most of the time: **1 2 3 4 5 6 7 8 9 10**

What percentage of the time you are awake do you experience the above symptom at the above intensity:

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Did the symptom begin? (circle one) Suddenly Gradually

When did the symptom begin? _____

How did the symptom begin? _____

What makes the symptom worse? (circle all that apply):

Nothing Any movement Bending neck forward Bending neck backward Tilting head to left Tilting head to right Turning head to left Turning head to right Bending forward at waist Bending backward at waist Tilting left at waist Tilting right at waist Twisting left at waist Twisting right at waist Driving Standing Walking Running Lifting Sitting Getting up from seated position Chewing Changing positions Lying down Reading Working Exercising Laying on side in bed Other (please describe): _____

What makes the symptom better? (circle all that apply):

Nothing Resting Ice Heat Stretching Exercise Walking Pain medication Muscle relaxers Chiropractic adjustments Massage Other (please describe): _____

Describe the quality of the symptom (circle all that apply):

Sharp Dull Achy Burning Throbbing Piercing Stabbing Deep Nagging Shooting Stinging Stiff Other (please describe): _____

Does the symptom radiate to another part of your body (circle one): Yes No

If yes, where does the symptom radiate? _____

Is the symptom worse at certain times of the day or night? (please circle)

No difference Morning Afternoon Evening Night Other: _____

Have you received treatment for this condition and episode prior to today's visit?

None Anti-inflammatory meds Pain medication Muscle relaxers Trigger point injections Cortisone injections Surgery Massage Physical Therapy Chiropractic Other: _____