

CHIEF COMPLAINT

PD _____ cc ca ck
 COUPON _____
 TOTAL= _____
 Notes: _____

My chief complaint is due to:

Auto accident _____ Work related injury _____ Other _____

Please list your main areas of concern:

- A. _____ C. _____
 B. _____ D. _____

Does your pain radiate to other areas of your body? If so, where?

Is your pain constant, frequent, intermittent or occasional for each area of concern?

A. _____ B. _____ C. _____ D. _____

Please describe the type of pain you are experiencing in each area (aching, burning, stabbing, pins and needles, numbness, sharp, shooting, stinging, throbbing, dull, pounding, excruciating)

How long have you had this problem or concern?

A. _____ B. _____ C. _____ D. _____

How many episodes have you had?

What were you doing when the problem started?

A. _____ B. _____ C. _____ D. _____

What seems to make it better or comfortable?

What seems to make your symptoms worse or uncomfortable?

How is this problem affecting your life at home, school, work & sleep?

Please mark on the diagrams below where you are experiencing pain.

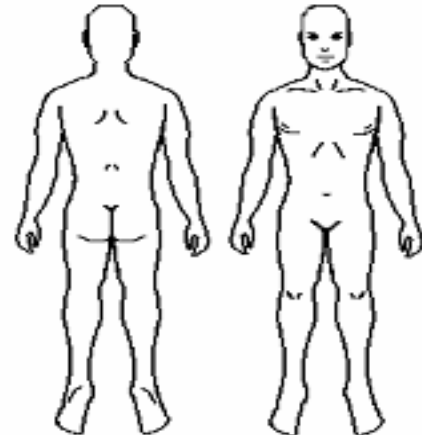
Please rate your pain.

My pain today is: (please circle one)

No pain Worst pain
 0 1 2 3 4 5 6 7 8 9 10

My pain over the past week has been: (please circle one)

No pain Worst pain
 0 1 2 3 4 5 6 7 8 9 10



Name: _____ Date: _____