

Date

NEW PATIENT

Name
Referred By

Chief Complaint

BP
Pulse
Height
Weight

Date of Onset

What started the pain?

Describe any related accidents

Car accident

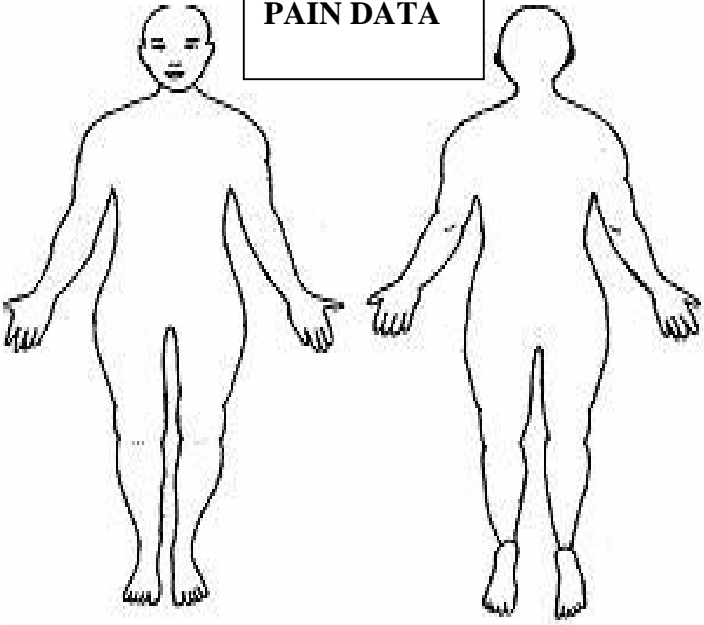
Work related injury

Date of injury

Claim number

Name and phone of adjustor

PAIN DATA



PAIN LOCATION

Whole body/ Head/ Neck/ Shoulder/ Arm/ Hand
Upper back/ Lower back/ Hip/ Leg/ foot

<i>Pain</i>	
RIGHT -----BOTH ----- LEFT	
NECK	BACK
SHOULDER	BUTTOCKS
ARM	THIGH
FOREARM	LEG
HAND	FOOT
FINGER 1,2,3,4,5	TOE 1,2,3,4,5

<i>Numbness, Pins & Needles= N</i>	
<i>Weakness= W</i>	
RIGHT -----BOTH ----- LEFT	
NECK	BACK
SHOULDER	BUTTOCKS
ARM	THIGH
FOREARM	LEG
HAND	FOOT
FINGER 1,2,3,4,5	TOE 1,2,3,4,5

Pain intensity (from 0-10)

1 2 3 4 5 6 7 8 9 10

Getting worse with:

All daily activities/ stress/ movements / bending /lifting/ driving/ sitting/ standing/ walking/ coughing or straining/ physical activity/ sexual activity/ laying down or at night / early morning/

Improving with

rest; splint; PT/ chiropractic care/ medications/ injections;/nerve blocks

Circle pain description

Achy/Burning/dull/Pins& needles/sharp/Shooting/Stabbing/Throbbing

All Body/ All joints/ Muscle Spasms / Constant / Comes & goes/

Circle associated symptoms

Back or neck pain: Recent worsening/Numbness, Tingling/Weakness/ Dist. of bowel or bladder control / Fever/ Point tenderness on the spine

PSYC: Anxiety / Depression / Sleeplessness

Headache: Recent worsening/scalp tenderness/ nausea/ vomiting; light & noise sensitivity/ lack of concentration/ confusion/ difficulty talking/ dizziness/ fainting/ worsening at night/ wakening up patient from sleep/ morning headaches / worsening with exercise or coughing or straining or changing position or sexual activity/ fever.

CRPS: skin sensitivity/ numbness/ weakness/ color changes/ swelling/ shiny skin/ hair changes/ temperature changes / sweating changes.

Circle daily activities that are impacted: General activity/ Work/ School/ Household work/ Walking/ Standing /Sitting/ Driving/ Movement/ Lifting/ Relations with others/ Social activities/Enjoyment life/ Sex/ Sleep

PAST MEDICAL HISTORY & ROS

**Diabetes/ Thyroid Disease/ Alcoholism/ Heart Burn/ GI Bleed
High Blood Pressure/ Asthma /Shortness of Breath/ Heart
disorder/ Fever/ Weight Loss/Tremors/ Glaucoma / Sinusitis/
Kidney Disease/ Osteoarthritis/ Rheumatoid Arthritis/
Osteoporosis/ Lupus/ Cancer, Radiation Therapy
Hepatitis HIV TB**

SURGICAL HISTORY

FAMILY HISTORY

SOCIAL HISTORY

Handedness Right / Left
Work N Y Occupation
Smoking N Y
Alcohol N Y
Caffeine N Y
Marital Status S M D W
Children N Y

Allergies

1-Are you taking
Plavix, ASA , Coumadin?
2-Current Medications

3-Past effective MED
4-Past ineffective MED

1-Past effective treatments
Epidural, chiropractic, P.T,

2-Past ineffective treatments
Epidural, chiropractic, P.T,

**Physicians seen for pain
or narcotic prescription,**

Previous MRI
Previous Nerve Testing