## SUBJECTIVE COMPLAINT FORM

Name	Date
Please circle symptoms that you ar	e seeking treatment for now:
tired and heavy	7. Neck Stiffness 8. Upper back pain 9. Upper back stiffness 10. Mid-back stiffness 11. Mid-back pain 12. Low-back stiffness 13. Low-back pain
in the arms  2. Numbness in the fingers  3. Right arm pain  4. Left arm pain  5. Right shoulder pain  6. Left shoulder pain  7. Shoulder pain bilaterally  8. Wrist Pain	<ol> <li>Tension</li> <li>Irritability</li> <li>Pins &amp; Needles sensation in the legs</li> <li>Pain radiating into left leg</li> <li>Pain radiating into right leg</li> <li>Pain radiating into legs bilaterally</li> <li>Numbness in the feet</li> </ol>
Please mark an "X" on the line to  { MILD }{ MODERATE }{	SEVERE }{ DISABLED }
0 1 2 3 4 5 No Pain	Extreme Pain
Additional Comments:	

	0	u run	итту п	nember	had	any	of	the f	ollo	wing:		
					{ L	ist f	ami.	ly me	mber	in th	is a	rea
N	Heart	Atta	ck/St	roke	5							
N						7 385						
N												
N		A CONTRACTOR OF THE PARTY OF TH			Sellen Se					approximation to		
N					ache	5						
N			leck P	ain								
Company of the last of	and the second second second	S. C. B.C.										
집합인				thing								
								J. P				
			blems	F 0								
				.s								
			on			0757 TB	100 (4)		neav			
N				5.7								
	Hepat	itis	2011			no Shakari						
			Fever	-3.04		Contract,						
N	Cance	r	Ye i Ka Si	42.0								
								er a ka		g dans		
Ao	u expe	rienc	ing:									
N	Chang	e in	bowe 1	or b	ladd	er pr	obl	ems				
	Login	a wei	aht w	ithou	t tr	vina						
N	Seein	gany	othe	r doc	tor	now f	or	any r	easo	n		
You	•			9								
N	Uavo	an Al	acho l	nroh	lom	aut 6						
		an Al	HOW N	. prob	Tem							
					aies	/ to	wh	at				
75.61			inown	arrer	9105	,	***	a				
					2.5							
		ALESS OF THE									LET	177
	NNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNNN	N Heart N High/ N Faint N Sever N Frequ N Asthm N Diffi N Sinus N Kidne N Arthr N Arter N Hyper N Diabe N Hepat N Rheum N Cance  you expe N Chang N Chest N Losin N Seein You: N Have N Smoke N Have	N Heart Surgh High/Low Hold High/Low Hig	N Heart Surgery/F N High/Low Blood N Fainting/Seizur N Severe/Frequent N Frequent Neck F N Asthma N Difficulty Brea N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosi N Hypertension N Diabetes N Hepatitis R Heumatic Fever N Cancer  you experiencing: N Change in bowel N Chest pain N Losing weight w N Seeing any othe You: N Have an Alcohol N Smoke / How M N Have any known	N Heart Surgery/Pacema N High/Low Blood Press N Fainting/Seizures/Ep N Severe/Frequent Head N Frequent Neck Pain N Asthma N Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever Cancer  you experiencing:  N Change in bowel or b N Chest pain N Losing weight withou N Seeing any other doc  You:  N Have an Alcohol prob N Smoke / How Much N Have any known aller	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epileps N Severe/Frequent Headaches N Frequent Neck Pain N Asthma N Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever N Cancer  you experiencing:  N Change in bowel or bladde N Chest pain N Losing weight without try N Seeing any other doctor  You:  N Have an Alcohol problem N Smoke / How Much N Have any known allergies	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma N Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever N Cancer  you experiencing: N Change in bowel or bladder pr N Chest pain N Losing weight without trying N Seeing any other doctor now f  You: N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma N Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever Cancer  You experiencing: N Change in bowel or bladder proble N Chest pain N Losing weight without trying N Seeing any other doctor now for You: N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to wh	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever Cancer  you experiencing:  N Change in bowel or bladder problems N Chest pain N Losing weight without trying N Seeing any other doctor now for any results You:  N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to what Have any known allergies / to what	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma Difficulty Breathing Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension Diabetes N Hepatitis N Rheumatic Fever Cancer  you experiencing: N Change in bowel or bladder problems Chest pain N Losing weight without trying N Seeing any other doctor now for any reaso You: N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to what	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma Difficulty Breathing N Sinus Problems N Kidney Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension Diabetes N Hepatitis N Rheumatic Fever Cancer  you experiencing: N Change in bowel or bladder problems Chest pain N Losing weight without trying N Seeing any other doctor now for any reason  You: N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to what	N Heart Attack/Stroke N Heart Surgery/Pacemaker N High/Low Blood Pressure N Fainting/Seizures/Epilepsy N Severe/Frequent Headaches N Frequent Neck Pain N Asthma N Difficulty Breathing N Sinus Problems N Kidney Problems N Arthritis N Arteriosclerosis N Hypertension N Diabetes N Hepatitis N Rheumatic Fever Cancer  you experiencing: N Change in bowel or bladder problems Chest pain Losing weight without trying N Seeing any other doctor now for any reason  You: N Have an Alcohol problem N Smoke / How Much N Have any known allergies / to what