PATIENT:_____

PAIN:

1. Please describe the primary reason for your visit today:_____

_____

2. Onset (when you first noticed your symptoms):_____

3. Intensity (how extreme are your current symptoms): No Pain 1 2 3 4 5 6 7 8 9 Extreme Pain

4. Quality of symptoms (what does it feel like?) □Aching □Burning □Dull □Pulling □Sharp □Shooting □Stabbing □Stinging □Throbbing

5. Frequency of symptoms: □Occassional □Intermittent □Frequent □Constant

6. Does the symptom radiate into any other area of the body? Please describe where:_____

_____

7. What tends to worsen the symptom?_____

_____

8. What tends to lessen the symptom?_____

_____

9. What have you done to relieve the symptoms? □Prescription medicine □Over-the-counter drugs □Homeopathic remedies □Physical therapy □Surgery □Acupuncture □Chiropractic □Massage □Ice □Heat
□Other_____

10. Please describe any other symptoms that you may have today:_____

_____

11. Onset (when you first noticed these symptoms):_____

12. Intensity (how extreme are these symptoms): No Pain 1 2 3 4 5 6 7 8 9 Extreme Pain

13. Quality of symptoms (what does it feel like?) □Aching □Burning □Dull □Pulling □Sharp □Shooting □Stabbing □Stinging □Throbbing

14. Does the symptom radiate into any other area of the body? Please describe where:_____

_____

15. What tends to worsen the symptom?_____

_____

16. What tends to lessen the symptom?_____

_____

17. What have you done to relieve this symptoms? □Prescription medicine □Over-the-counter drugs □Homeopathic remedies □Physical therapy □Surgery □Acupuncture □Chiropractic □Massage □Ice □Heat
□Other_____

Illnesses: Check the illnesses you have HAD in the past or HAVE now;

Had	Have	Had	Have	Had	Have
□	□AIDS	□	□Alcoholism	□	□Allergies
□	□Arteriosclerosis	□	□Cancer	□	□Chicken Pox
□	□Diabetes	□	□Epilepsy	□	□Glaucoma
□	□Goiter	□	□Gout	□	□HeartDisease
□	□Hepatitis	□	□High Blood Pressure	□	□HIV Positive
□	□Malaria	□	□Measles	□	□Mumps
□	□Multiple Sclerosis	□	□Rheumatic Fever	□	□Stroke
□	□Scarlet Fever	□	□Tuberculosis	□	□Ulcer
□	□Sexually transmitted disease		Other:_____		
□	□Typhoid Fever		_____		

Operations: Surgical Interventions, which may or may not have included hospitialization.

□Appendix removal □Bypass surgery □Cancer
□Cosmetic surgery □Eye surgery □Hysterectomy
□Pacemaker □Tonsillectomy □Vasectomy
□Elective surgery_____
□Spine_____ □Other_____

Treatments: Check the ones that you've received in the Past or are receiving Currently.

Past	Currently	Past	Currently	Past	Currently

☐	☐Acunpuncture	☐	☐Antibiotics	☐	☐Herbs
☐	☐Birth Control Pills	☐	☐Blood transfusion	☐	☐Dialysis
☐	☐Chiropractic care	☐	☐Homeopathy	☐	☐Inhaler
☐	☐Hormone replacement	☐	☐Massage therapy	☐	☐Vitamins
☐	☐Physical therapy	☐	☐Medications_____		

Injuries: Have you ever.....

☐Had a fractured or broken bone ☐Had a spine or nerve disorder ☐Been knocked unconscious ☐Been injured in an accident ☐Used a crutch or other support ☐Used neck or back bracing

Family History: Please check all tha applies to family members (mother, father, sisters or brothers)

Had	Have	Had	Have	Had	Have
☐	☐AIDS	☐	☐Alcoholism	☐	☐Allergies
☐	☐Arteriosclerosis	☐	☐Cancer	☐	☐Chicken Pox
☐	☐Diabetes	☐	☐Epilepsy	☐	☐Glaucoma
☐	☐Goiter	☐	☐Gout	☐	☐Heart Disease
☐	☐Hepatitis	☐	☐High Blood Pressure	☐	☐HIV Positive
☐	☐Malaria	☐	☐Measles	☐	☐Mumps
☐	☐Multiple Sclerosis	☐	☐Rheumatic Fever	☐	☐Stroke
☐	☐Scarlet Fever	☐	☐Tuberculosis	☐	☐Ulcer
☐	☐Sexually transmitted disease	Other:_____			
☐	☐Typhoid Fever	_____			

Social History:

Daily	Weekly	Daily	Weekly	Daily	Weekly
☐	☐Alcohol	☐	☐Tobacco use	☐	☐Water intake
☐	☐Pain relievers	☐	☐Coffee use	☐	☐Exercise
☐	☐Soft drinks				