

Name: _____ Date: _____ DOB: _____

Who is your primary care physician? _____

Who referred you? _____

What is the reason for today's visit?	
What are your current symptoms?	
Precipitating Event?	When?
Pain at Worst on 0-10 Scale	Average Pain on 0-10 Scale
What makes your pain better?	What makes your pain worse?

Have you been seen by other physicians or therapists for this problem? NO YES (who?) _____

Previous Tests (indicate date) _____ X-rays _____ MRI _____ CT Scan _____

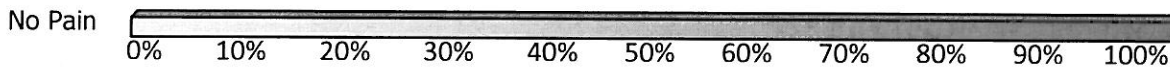
(Results if known) _____ Bone Scan _____ EMG _____

Review of systems. Please circle any symptoms you have had in the past year:

- | | | | |
|----------------------|-----------------------------|---|----------------------------|
| Weight gain (lbs) | Blood in Stools | Muscle Cramps | Paralysis |
| Weight lost (lbs) | Frequent Diarrhea | Rash | Depression |
| Fatigue | Heartburn | Skin Problems | Anxiety |
| Visual Difficulties | Painful Urination | Chronic Headaches | Difficulty Sleeping |
| Hearing Loss | Difficulty Urinating | Seizures | Easy Bruising |
| Stomach Ulcers | Blood in Urine | Numbness or Tingling | Prolonged Bleeding |
| Chest Pain | Generalized Joint Pain | Tremors | Enlarged Glands |
| Palpitations | Generalized Joint Swelling | Blood Clots | Infections |
| Ankle / Leg Swelling | Generalized Joint Stiffness | Difficulty with memory, attention, concentration or cognition | Are you Pregnant
YES NO |
| Shortness of breath | Limited motion | | |
| Chronic Cough | Muscle Weakness | | |

Pain Intensity rating

On the line below CIRCLE your Average PAIN over the last week

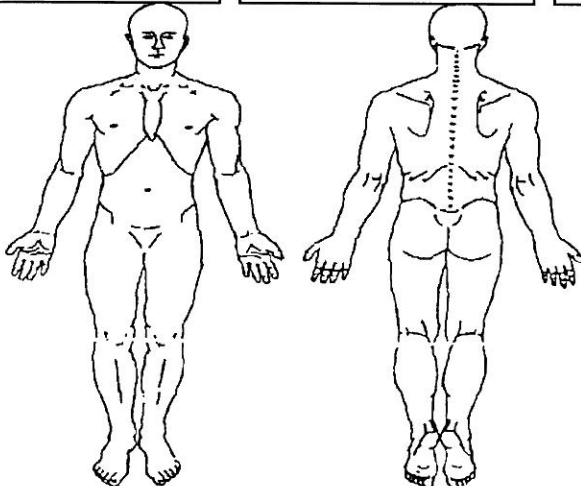


PAIN LOCATOR

Where is your pain now?

Use appropriate symbols shown below to mark the areas on your body where you feel these described sensations. Include all areas affected by your pain, and mark the type of pain if it radiates or spreads to other areas:

BURNING X	NUMBNESS O	PINS & NEEDLES =	STABBING /	ACHE ^
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Please circle handedness: **Right** or **Left**

On other side of this paper,
List **ALL** prescribed and
over-the-counter medications.