

HISTORY OF PRIMARY COMPLAINT

Initial Report
 Interim Report
 Final Report

Patient Name: _____ Date: _____

1) Chief Complaint:

- a) Neck Pain
- b) Mid Back Pain
- c) Low Back Pain
- d) Arm Pain L/R
- e) Leg Pain L/R
- f) Headache
- g) Other: _____

2) Mode of Onset:

- a) Overexertion/Strenuous Position
- b) Auto Accident
- c) Fall/Trip/Slip
- d) Unknown/ Other _____

3) Date of Onset: _____

4) Location: See Pain Diagram

5) Severity:

- a) Mild - annoyance - no impairment
- b) Slight - some mild impairment
- c) Moderate - marked impairment
- d) Severe - incapacitated / bed ridden

6) Duration:

- a) Intermittent (0-25% of the time)
- b) Occasional (26-50% of the time)
- c) Frequent (51-75% of the time)
- d) Constant (76-100 % of the time)

7) Character:

- a) Dull Ache
- b) Sharp/Stabbing
- c) Burning
- d) Throbbing
- e) Other: _____

8) Relation to Other Body Systems:

- a) Bowel/Bladder
- b) Numbness/Tingling
- c) Muscle Weakness
- d) No Apparent Relationship
- e) Other: _____

9) Relieving Factors:

- a) Rest/Exercise
- b) Sitting/Standing/Lying
- c) Bracing/Taping
- d) Hot/Cold Packs
- e) Other: _____

10) Aggravating Factors:

- a) Cough/Sneeze/Bowel Movement
- b) Lifting/Bending/Push/Pull
- c) Driving/Riding/Sitting
- d) Walking/Running/Standing
- e) Changing Body Positions
- f) Other: _____

11) Medications: Aspirin Ibuprofen Acetaminophen How Many/Dosage: _____
Other: _____

12) Objective Findings: See Physical Examination 13) X-Ray Findings/Diagnosis: See Diagnosis/Radiology Report

14) Prognosis: Too Early to Determine Excellent Good Poor Guarded Unstable
Progress/Comments: Patient Responding well to care;
Progress slow due to: _____

15) Plan for treatment: Short term Goals: Relieve Symptoms Improve Function Improve Range of Motion

Long term Goals: Correct Structural Faults Correct Postural Faults

Prevent further relapse Return to pre-accident status

16) Treatment Frequency: 4x's 3x's 2x's 1x's per week Re-evaluation Date: 12-16 visits