**Basic Patient Information**

Patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_/\_\_\_\_/\_\_\_\_ Payor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Problem/Chief Complaint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto/Work \_\_\_/\_\_\_\_/\_\_\_\_

Demeanor: Pleasant / Uncomfortable / In Pain / Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exercise: Never / occasional / Frequent / Regular Smokes \_\_\_\_\_\_/day

**------------ Symptom Description ------------**

Primary Symptom: R L Lower Back Pain Neck Pain Mid back Pain Occipital Ha Frontal ha

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation to: R /L med / lat Ant / Post Shoulder elbow wrist hip thigh knee calf ankle foot

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Onset \_\_\_ D W M Y Gradual Insidious Auto Accident \_\_\_/\_\_\_\_/\_\_\_\_ Work Accident \_\_/\_\_\_\_/\_\_\_\_

Frequency: Constant Frequent Occasionally Intermittent Severity: Min Mild Moderate Severe Extreme

Character: Dull Sharp Achy Shooting Tingling Burning Numb Lancing Stabing

Past History same or similar pain YES NO when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Tx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Past DX Imaging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Better with: Sitting Standing Lying down Walking Rest Use Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worse with: : Sitting Standing Lying down Walking Rest Use Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing Better / Worse: AM PM Sleeping Weather

**------------ Symptom Description ------------**

Primary Symptom: R L Lower Back Pain Neck Pain Mid back Pain Occipital Ha Frontal ha

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Radiation to: R /L med / lat Ant / Post Shoulder elbow wrist hip thigh knee calf ankle foot

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Onset \_\_\_ D W M Y Gradual Insidious Auto Accident \_\_\_/\_\_\_\_/\_\_\_\_ Work Accident \_\_/\_\_\_\_/\_\_\_\_

Frequency: Constant Frequent Occasionally Intermittent Severity: Min Mild Moderate Severe Extreme

Character: Dull Sharp Achy Shooting Tingling Burning Numb Lancing Stabing

past History same or similar pain YES NO when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past Tx \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Past DX Imaging \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Better with: Sitting Standing Lying down Walking Rest Use Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Worse with: : Sitting Standing Lying down Walking Rest Use Exercise \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Timing Better / Worse: AM PM Sleeping Weather

**------------ Miscellaneous History ------------**