

Health History

Chief Complaint (reason for appointment) _____

Date symptoms began _____ Cause _____

Draw on diagrams to indicate where pain is located.

Type of pain:

T=throbbing

A=dull pain/ache

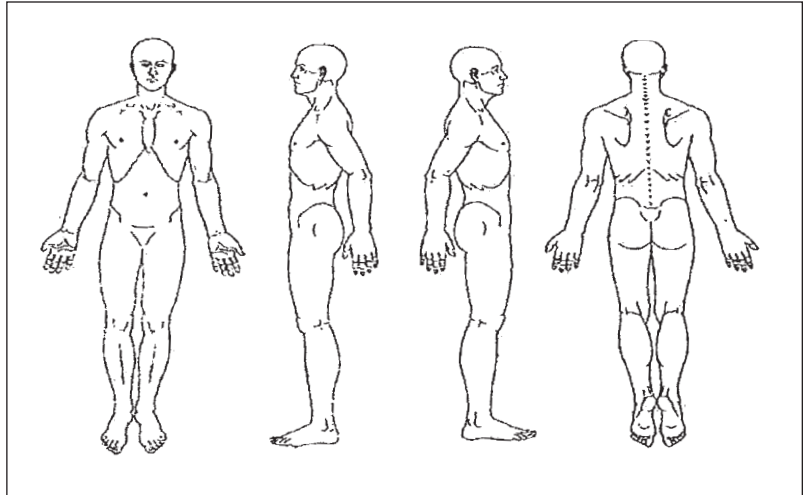
R=radiating/traveling

N=numb

B=burning

S=stabbing/sharp pain

P=pins and needles



Frequency of pain:

I=intermittent (25% or less)

O=occasional (26%-50%)

F=frequent (51%-75%)

C=constant (76%-100%)

Circle the number indicating the intensity of your pain at its highest.

No pain = 0 1 2 3 4 5 6 7 8 9 10 = Worst pain ever

What makes your symptoms better? _____

What makes your symptoms worse? _____

Limited daily activities? _____

Have you been treated for this condition? Yes No Doctor _____ Date _____

Surgical History _____

Trauma/Injury History _____

Serious Illnesses _____

Family Illnesses _____

Medication _____

Signed _____

Dated ____/____/____