

Initial Patient History

Patient Name: _____

1. Chief complaint: _____
 - a. Nature (aching, sharp, dull, etc.) _____
 - b. Timing (AM, PM, after rest, activity) _____
 - c. Duration (constant, intermittent and % of of the time present) _____
 - d. Proactive activities _____
 - e. Palliative (relief or remedy) _____
 - f. Other _____
2. Second complaint: _____
 - a. Nature (aching, sharp, dull, etc.) _____
 - b. Timing (AM, PM, after rest, activity) _____
 - c. Duration (constant, intermittent and % of of the time present) _____
 - d. Proactive activities _____
 - e. Palliative (relief or remedy) _____
 - f. Other _____
3. Third complaint: _____
 - a. Nature (aching, sharp, dull, etc.) _____
 - b. Timing (AM, PM, after rest, activity) _____
 - c. Duration (constant, intermittent and % of of the time present) _____
 - d. Proactive activities _____
 - e. Palliative (relief or remedy) _____
 - f. Other _____
4. Mechanism of injury: _____
5. How long has this episode been active? _____
6. Does any of the pain radiate? _____
7. In what setting do the complaints occur? (home, work, recreation, etc.) _____
8. Have you had similar problems in the past (first episode, related injuries and frequency of occurrence) _____

Continue on reverse side

9. From what other professional have you sought care? (type of treatment and results) _____

10. List all previous injuries _____

11. When was your last physical examination and what were the results? _____

12. Any illnesses? _____
13. List surgeries and pregnancies, if applicable _____

14. Social history (married, single, children at home, living accommodations, etc.) _____

15. Activities of daily living affected by condition: _____

16. How does your condition affect your work? _____

17. How does your condition affect your recreational activities: _____

18. Medications: _____

19. Vitamin and nutritional supplements _____

20. Use of alcohol, tobacco products, recreational drugs _____
21. Comments _____
