Patient Symptoms

Name ______________________________ Date ______________

GENERAL SYMPTOMS: (Circle all that Apply)

Nervousness Irritability Fatigue

DepressionLoss of Sleep Tension

PMS Jaw Pain Pain

Nervous stomach Nausea Gas

Constipation Diarrhea Heartburn

IndigestionLoss of Appetite Foot/Ankle

Radiating Pain: Right Left Both

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

HEAD: (Mark all that Apply)

Headaches: ☐ Sharp ☐ Dull ☐ Migraine

Location: Back of Head, Temples, Right Side, Forehead, Behind Eyes, Left Side

Light Headed Memory Loss Fainting

Blurred Vision Double Vision Sensitive to Light

Balance Loss Hearing Loss Ringing in Ears

Radiating Pain: Right Left Both

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

NECK: (Mark all that Apply)

	Left	Right	Both
Pain:	☐	☐	☐
Stiffness:	☐	☐	☐
Spasm:	☐	☐	☐
Grinding:	☐	☐	☐
Radiating Pain:	☐	☐	☐

Pain Increased By:

- Forward Mvmnt ☐
- Backward Mvmnt ☐
- Rotate Head Left ☐
- Rotate Head Right ☐
- Bend Neck Left ☐
- Bend Neck Right ☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

SHOULDER: (Mark all that Apply)

	Left	Right	Both
Pain in Joint:	☐	☐	☐
Pain across the shoulder:	☐	☐	☐
Limitation of movement:	☐	☐	☐
Tension:	☐	☐	☐
Radiating Pain:	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

CHEST: (Mark all that Apply)

	Left	Right	Both
Pain Around Ribs:	☐	☐	☐
Deep Chest Pain:	☐	☐	☐
Shortness of Breath:	☐	☐	☐
Irregular Heartbeat:	☐	☐	☐
Radiating Pain:	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

MIDBACK: (Mark all that Apply)

	Left	Right	Both
Pain:	☐	☐	☐
Muscle Spasms:	☐	☐	☐
Radiating Pain:	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

ARM / HAND: (Mark all that Apply)

	Left	Right	Both
Pain in Upper Arm:	☐	☐	☐
Pain in Forearm	☐	☐	☐
Pain in Wrist	☐	☐	☐
Pain in Hand	☐	☐	☐
Numbness or Tingling in Upper Arm	☐	☐	☐
Numbness or Tingling in Forearm	☐	☐	☐
Numbness or Tingling in Wrist	☐	☐	☐
Numbness or Tingling in Hand	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

LOWBACK: (Mark all that Apply)

	Left	Right	Both
Upper Lumbar Pain:	☐	☐	☐
Lower Lumbar Pain:	☐	☐	☐
Sacro-iliac Pain	☐	☐	☐
Muscle Spasms:	☐	☐	☐
	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

HIP & LEGS: (Mark all that Apply)

	Left	Right	Both
Pain in Buttocks:	☐	☐	☐
Pain in Hip Joint:	☐	☐	☐
Knee Pain:	☐	☐	☐
Leg Cramps:	☐	☐	☐
	☐	☐	☐

No Pain → Extreme Pain

Pain Level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Patient Signature ______________________________