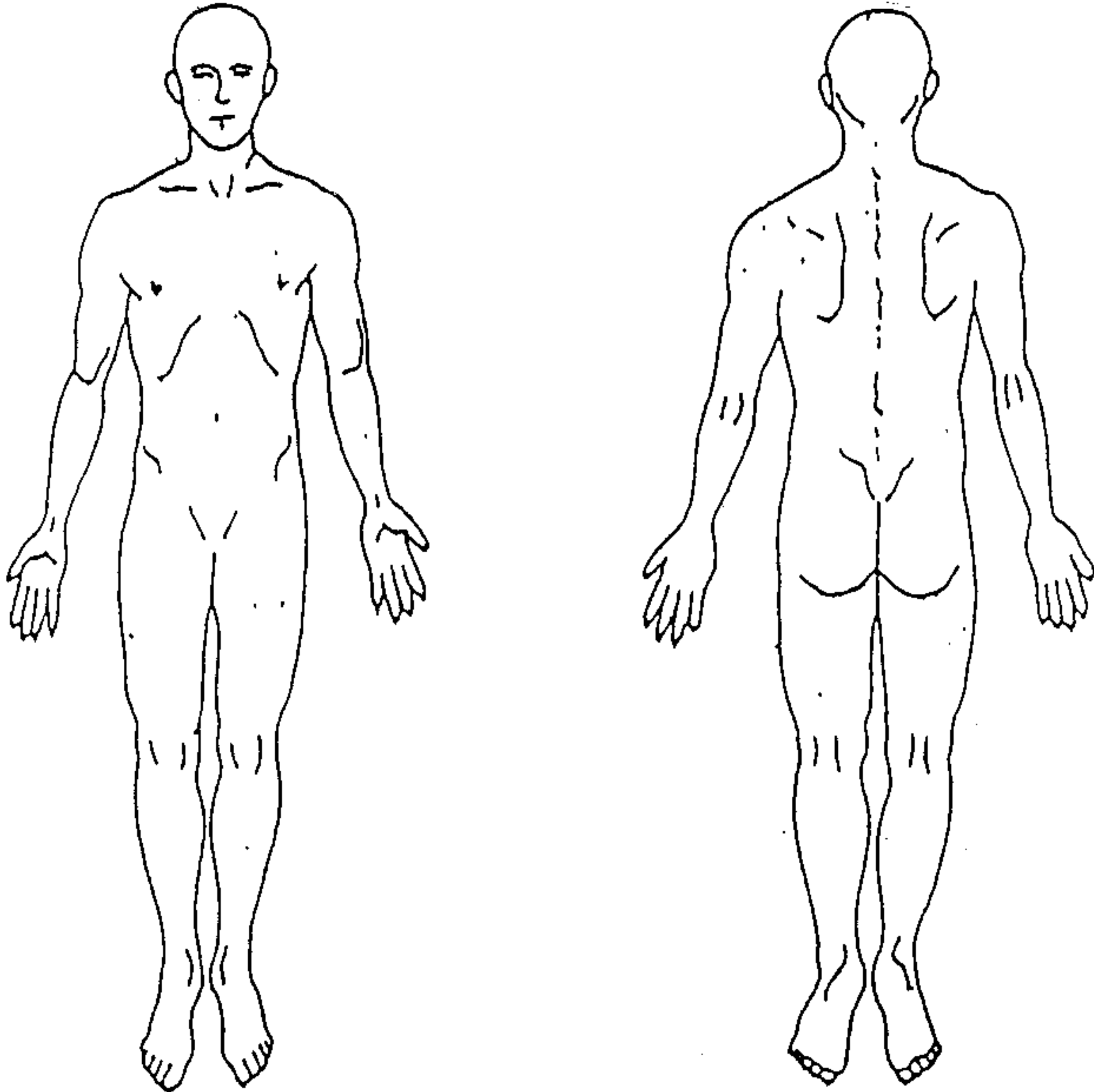


CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS

1. **Where is your pain?** (Indicate on figures) Pt. Name _____



2. **What type of pain?** Sharp Ache Dull Burning Throbbing Tingling Numbness

3. **Rate your pain on a scale of 0-10** (10 being severe) _____

4. **How long have you had this pain?** _____

5. **What makes the pain worse?** _____

6. **What makes the pain better?** _____

7. **Does the pain travel?** _____ **If yes, where?** _____

8. **Is the pain worse at any particular time of the day?** _____

9. **Date of Onset** ____/____/____ **Date of same or similar symptoms** _____

Patient Signature _____

Date ____/____/____

Please check (x) all present symptoms

NAME _____

CARDIOVASCULAR

- GENERAL SWELLING
- SWELLING IN LEG
- SWELLING IN FACE
- SWELLING AROUND EYES
- CHEST PAIN
- POUNDING HEARTBEAT
- HEART JUMPS
- RAPID HEARTBEAT
- BLUE OR PURPLE SKIN
- BLUE OR PURPLE NAIL BEDS
- FAINTING
- HYPERTENSION

VERTEBROBASILAR

- DOUBLE VISION
- LOSS OF COORDINATION
- IRREGULAR MUSCLE MOVEMENT
- RINGING IN EARS
- HEART ATTACK
- HIGH BLOOD PRESSURE
- IRREGULAR HEARTBEAT
- HARDENING OF THE ARTERIES
- AREAS OF MUSCLE WEAKNESS
- DIZZINESS WITH NAUSEA
- DIZZINESS WITHOUT NAUSEA
- BLURRED VISION
- FAINTING SPELLS
- STROKE
- DIABETES
- PAIN OVER THE HEART
- COLD HANDS AND/OR FEET
- AREAS OF NUMBNESS
- ARTHRITIS OF THE NECK
- PREVIOUS NECK OR HEAD INJURY
- LOSS OF MEMORY
- INABILITY TO FORM WORDS (TALK PLAINLY)
- PERIODS OF BLINDNESS IN ONE EYE
- AREAS OF ABNORMAL SENSATIONS (BURNING ETC)
- AREAS OF NUMBNESS
- BLOOD VESSEL DISEASE (PHLEBITIS ETC)
- CHECK IF YOU SMOKE
- CHECK IF ANY OF YOUR FAMILY MEMBERS HAVE HAD A STROKE
- CHECK HERE IF YOU ARE TAKING BIRTH CONTROL PILLS

HEAD

- UNUSUALLY FREQUENT HEADACHE
- UNUSUALLY SEVERE HEADACHE
- HEAD FEELS HEAVY
- VERTIGO
- LIGHT HEADEDNESS
- LOSS OF SMELL
- LOSS OF TASTE
- LOSS OF BALANCE

NECK

- PAIN IN NECK
- NECK PAIN WITH MOVEMENT
- SWELLING IN NECK
- STIFF NECK
- PINCHED NERVE
- NECK FEELS OUT OF PLACE
- MUSCLE SPASMS IN NECK
- GRINDING SOUNDS IN NECK
- POPPING SOUNDS IN NECK
- LIMITED NECK MOVEMENT

SHOULDERS

- PAIN IN SHOULDERS
- PAIN ACROSS SHOULDERS
- TENSION IN SHOULDERS
- MUSCLE SPASMS IN SHOULDERS
- CANNOT RAISE ARM
 - ABOVE SHOULDER LEVEL
 - OVER HEAD

ARMS & HANDS

- PAIN IN UPPER ARM
- PAIN IN FOREARM
- PAIN IN HANDS
- PAIN IN FINGERS
- SENSATION OF PINS & NEEDLES
 - IN ARMS
 - IN FINGERS
- FINGERS GO TO SLEEP
- HANDS COLD
- SWOLLEN JOINTS IN FINGERS
- SORE JOINTS IN FINGERS
- LOSS OF GRIP STRENGTH

MID BACK

- MID BACK PAIN
- PAIN BETWEEN SHOULDER BLADES
- SHARP STABBING PAIN
- DULL ACHE
- PAIN FROM FRONT TO BACK
- PAIN OVER KIDNEY AREA
- MUSCLE SPASMS IN MID BACK

LOW BACK

- LOW BACK PAIN
- LOW BACK FEELS OUT OF PLACE
- MUSCLE SPASMS IN LOW BACK

HIPS, LEGS, & FEET

- PAIN IN BUTTOCKS
- PAIN DOWN LEG
- KNEE PAIN
- LEG CRAMPS
- PINS & NEEDLES IN LEGS
- NUMBNESS IN LEG
- NUMBNESS IN TOES
- COLD FEET
- SWOLLEN ANKLES
- SWOLLEN FEET

SKIN, HAIR, & NAILS

- ECZEMA
- ITCHY SKIN
- DRY SCALP
- OILY SCALP
- PSORIASIS
- YELLOW SKIN
- BRUISE EASILY
- PAPER THIN NAILS
- NAIL BITING
- BALDNESS

EYES

- BLURRING OF VISION
- DOUBLE VISION
- EYES FATIGUE EASILY
- EXCESSIVE TEARING
- LACK OF TEARING
- LIGHT BOTHERS EYES
- EXCESSIVE ITCHING
- PAIN IN EYEBALL

EARS

- LOSS OF HEARING
- PAIN IN EARS
- DISCHARGE IN EARS
- VERTIGO
- RINGING IN EARS

**NOSE: NASOPHARYNX
SINUSES**

- UNUSUAL NASAL DISCHARGE
- NOSE BLEEDS
- PRESSURE OVER EYES
- PRESSURE UNDER EYES
- OBSTRUCTION OF NOSE
- FREQUENT COLDS
- SINUSITIS
- NASAL ALLERGIES
- LOSS OF SENSE OF SMELL
- ANY TRAUMA TO NOSE

MOUTH & THROAT

- PAIN IN MOUTH
- PAIN IN THROAT
- BLEEDING GUMS
- CAVITIES
- ABSCESSED TEETH
- DENTURES
- DIFFICULTY SWALLOWING
- CHANGES IN VOICE

RESPIRATORY

- SHORTNESS OF BREATH
- CANNOT BREATHE WHILE LYING DOWN
- CANNOT SLEEP WHILE LYING DOWN
- DRY COUGH
- PRODUCTIVE COUGH
- COUGHING UP BLOOD
- WHEEZING

GASTROINTESTINAL

- POOR APPETITE
- CONSTANT NIBBLING
- DIFFICULTY IN SWALLOWING
- INDIGESTION
- CANNOT EAT SOME FOODS
- NAUSEA & VOMITING
- JAUNDICE
- ABDOMINAL PAIN
- CHANGE IN BOWEL HABITS
- DIARRHEA
- CONSTIPATION
- HEMORRHOIDS

GENITOURINARY

URINATION IS FREQUENT
 NORMAL
 INFREQUENT

THE AMOUNT IS HIGH
 NORMAL
 LOW

NEED TO GET UP AT NIGHT TO URINATE
 ABNORMAL INTENSE DESIRE TO URINATE
 DIFFICULTY STARTING URINATION
 DECREASED OUTPUT
 PAIN WITH URINATION
 DRIBBLING
 BLOOD IN URINE
 CLOUDY URINE
 LACK OF BLADDER CONTROL

VENEREAL DISEASE

AIDS
 SYPHILLIS
 GONORRHEA
 OTHER

WOMEN ONLY

PAINFUL PERIOD
 SPOTTING
 VAGINAL DISCHARGE
 PREMENSTRUAL SYMPTOMS
 IRREGULAR PERIODS
 LUMPS IN BREAST

* PREGNANCIES

* DELIVERIES

SOCIAL HISTORY

SMOKING
 OTHER TOBACCO USE
 ALCOHOL USE
 DRINK COFFEE OF TEA

DIET IS BALANCED
 NOT BALANCED

REST IS SUFFICIENT
 NON SUFFICIENT

RECREATION IS SUFFICIENT
 NOT SUFFICIENT

FAMILY STRESS IS SEVERE
 MODERATE
 MINIMAL
 NONE

JOB STRESS IS SEVERE
 MODERATE
 MINIMAL
 NONE

NERVOUSNESS
 IRRITABILITY
 FATIGUE
 DEPRESSION
 GENERALL FEEL RUN-DOWN
 CRAVE SWEETS
 CRAVE SALT

