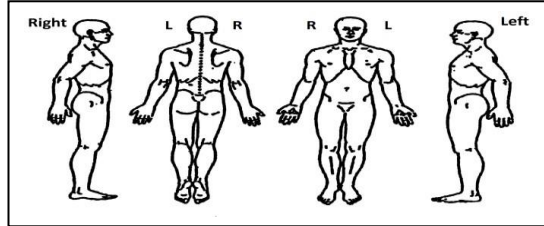


# PATIENT INTAKE FORM

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Is this?  Work Related  Auto Related  N/A



## Chief Complaint

Where is the location of your major complaint? \_\_\_\_\_

Does the discomfort radiate (travel)?  No  Yes, From \_\_\_\_\_ to \_\_\_\_\_

How would you rate your level of discomfort? (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)

Describe the discomfort?  Dull  Tingly  Throbbing  Deep  Sharp  Stabbing  Achy  
 Stiff  Numb  Burning  Shooting  Other \_\_\_\_\_

How often are symptoms present? (Occasional)  0-25%  26-50%  51-75%  76-100% (Constant)

Was the onset: **Gradual** or **Sudden**

Date the problem began? \_\_\_\_\_

What caused the problem to begin? \_\_\_\_\_

Are your symptoms?  Getting Worse  Staying the Same  Getting Better

What aggravates your discomfort? \_\_\_\_\_

What relieves your discomfort? \_\_\_\_\_

**Additional Complaint:** Where is the location of your additional complaint? \_\_\_\_\_

Does the discomfort radiate (travel)?  No  Yes, From \_\_\_\_\_ to \_\_\_\_\_

How would you rate your level of discomfort? (No Pain) 0 1 2 3 4 5 6 7 8 9 10 (Unbearable)

Describe the discomfort?  Dull  Tingly  Throbbing  Deep  Sharp  Stabbing  Achy  
 Stiff  Numb  Burning  Shooting  Other \_\_\_\_\_

How often are symptoms present? (Occasional)  0-25%  26-50%  51-75%  76-100% (Constant)

Was the onset: **Gradual** or **Sudden**

Date the problem began? \_\_\_\_\_

What caused the problem to begin? \_\_\_\_\_

Are your symptoms?  Getting Worse  Staying the Same  Getting Better

What aggravates your discomfort? \_\_\_\_\_

What relieves your discomfort? \_\_\_\_\_

In the past week, how much has the pain interfered with your daily activities (e.g., work, social activities, household)?

(No interference) 0 1 2 3 4 5 6 7 8 9 10 (Unable to carry on any activities)

Would you say that your overall health right now is:  Excellent  Very Good  Good  Fair  Poor

Have you had spinal x-rays, MRI, CT Scan for your area(s) of complaint?  Yes  No

Date(s) taken \_\_\_\_\_ What areas were taken? \_\_\_\_\_

Patient Signature \_\_\_\_\_

Date \_\_\_\_\_