Patient Symptoms

(Please mark as many symptoms or complaints below in up to 5 separate regions)

Patient's Signature

Date: 0 1 2 3 4 5 6 7 8 9 — Mo. Day Yr.

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

GENERAL SYMPTOMS: *(Mark as many as apply)*

☐ Nervousness ☐ Irritability ☐ Fatigue
☐ Depression ☐ Loss of Sleep ☐ Tension
☐ PMS ☐ Jaw Pain

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

HEAD: *(Mark as many as apply)*

Headaches: ☐ Sharp ☐ Dull ☐ Migraine
Location: ☐ Back of head ☐ Forehead ☐ Temples ☐ Behind eyes ☐ Right side ☐ Left side

☐ Light headed ☐ Memory loss ☐ Fainting
☐ Blurred vision ☐ Double vision ☐ Sensitivity to light
☐ Balance loss ☐ Hearing loss ☐ Ringing in ears

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

SHOULDERS: *(Mark as many as apply)*

	Right	Left	Both
Pain in joint:	☐	☐	☐
Pain across shoulder:	☐	☐	☐
Limitation of movement:	☐	☐	☐
Tension:	☐	☐	☐

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

CHEST: *(Mark as many as apply)*

	Right	Left	Both
Pain around ribs:	☐	☐	☐
Deep chest pain:	☐	☐	☐

Shortness of breath: ☐ Irregular heartbeat:

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

ABDOMINAL: *(Mark as many as apply)*

☐ Nervous stomach ☐ Nausea ☐ Gas
☐ Constipation ☐ Diarrhea ☐ Heartburn
☐ Indigestion ☐ Loss of appetite ☐ Pain

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

FEET: *(Mark as many as apply)*

	Right	Left	Both
Ankle Pain:	☐	☐	☐
Swollen Ankle:	☐	☐	☐
Foot Pain:	☐	☐	☐
Numbness of Feet:	☐	☐	☐
Swollen Feet:	☐	☐	☐
Cramps:	☐	☐	☐

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

NECK: *(Mark as many as apply)*

☐ Pain ☐ Left side ☐ Right side ☐ Both

Pain increased by:
☐ Forward mvmnt ☐ Backward mvmnt
☐ Rotate head left ☐ Rotate head right
☐ Bend neck left ☐ Bend neck right

☐ Stiffness ☐ Mus. Spasm ☐ Grinding/ Grating Sounds

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

MIDBACK: *(Mark as many as apply)*

	Right	Left	Both
Pain:	☐	☐	☐
Muscle Spasm:	☐	☐	☐

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

ARM: *(Mark as many as apply)*

	Right	Left	Both
Pain in Upper Arm:	☐	☐	☐
Pain in Elbow:	☐	☐	☐
Pain in Forearm:	☐	☐	☐
Pins & Needles (Arm):	☐	☐	☐
Pins & Needles (Forearm):	☐	☐	☐
Numbness in Arm:	☐	☐	☐
Numbness in Forearm:	☐	☐	☐

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

LOWBACK: *(Mark as many as apply)*

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

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

HAND: *(Mark as many as apply)*

	Right	Left	Both
Pain in Wrist:	☐	☐	☐
Pain in Hand:	☐	☐	☐
Pins & Needles (Hand):	☐	☐	☐
Numbness (Hand):	☐	☐	☐

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Symptom Number: ☐1 ☐2 ☐3 ☐4 ☐5

HIPS & LEGS: *(Mark as many as apply)*

Pain in Buttocks:	Location-	☐ Right	☐ Left	☐ Both
Pain in Hip Joint:	Location-	☐ Right	☐ Left	☐ Both
Pain Down Leg:	Location-	☐ Right	☐ Left	☐ Both
	Region-	☐ Front	☐ Back	☐ Side
	Radiates to-	☐ Knee	☐ Calf	☐ Foot
Numbness Down Leg:	Location-	☐ Right	☐ Left	☐ Both
	Region-	☐ Front	☐ Back	☐ Side
Pins & Needles (Leg):	Location-	☐ Right	☐ Left	☐ Both
	Region-	☐ Front	☐ Back	☐ Side
Knee Pain:	Location-	☐ Right	☐ Left	☐ Both
Leg Cramps:	Location-	☐ Right	☐ Left	☐ Both

▼No Pain Extreme Pain▼
Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Frequency: ☐ 0-25% ☐ 26-50% ☐ 51-75% ☐ 76-100%

Please mark all actions that AGGRAVATE the above conditions:

	Bending	Twisting	Lifting	Walking	Sitting	Lying Down	Coughing	Straining	Sneezing
Symptom #1	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #2	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #3	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #4	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #5	☐	☐	☐	☐	☐	☐	☐	☐	☐

Please mark areas of radiating pain from any of the above 5 areas of complaint:

	Bilat.	Left	Right	Head	Neck	Shoulders	Arm	Hand	Mid Back	Low Back	Hip	Leg	Knee	Calf	Foot
Symptom #1	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #2	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #3	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #4	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Symptom #5	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐