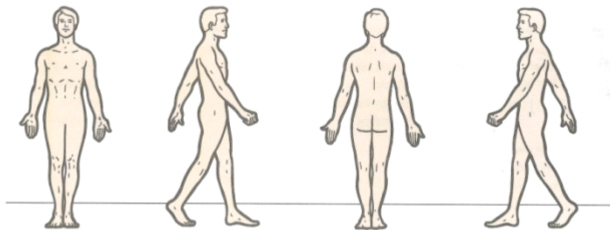
Patient: ______________________________________ Date: ___________

1) Reason for visit: ❒ Follow Up ❒ New Problem ❒ After Injection
2) Since last visit are you: ❒ better ❒ no change ❒ worse
3) Are your symptoms: ❒ intermittent ❒ constant
4) Please mark: "P" for pain "X" for intense pain "N" for numbness



5) Describe your symptoms:

6) What makes you better?

7) What makes you worse?

8) Rate today's pain: (0= no pain, 10=worst pain ever/I need to go to the hospital)
0 1 2 3 4 5 6 7 8 9 10

9) Do you have:
A) Weakness? ❒ Yes ❒ No If yes, where:
B) Numbness? ❒ Yes ❒ No If yes, where:

10) Daily and Work activities (check all that apply):
A) Daily Care: ❒ Can do all of the following: ❒ Wash, Bathe, and Dress self ❒ Drive a car ❒ Ride in car ❒ Do Yard work
B) Work: ❒Working ❒Working with Restrictions ❒Permanently Disabled ❒Retired ❒Temporarily Disabled ❒ In School

11) Are you attending Physical Therapy? ❒ Yes ❒ No Does it help? ❒ Yes ❒ No
Do you perform a Home Exercise Program? ❒ Yes ❒ No

12) If you have a TENS unit, does it help? ❒ Yes ❒ No

13) List **only** medicines you are taking for this complaint:	Does it help?	Refill needed?
	❒ Yes ❒ No	❒ Yes ❒ No
	❒ Yes ❒ No	❒ Yes ❒ No
	❒ Yes ❒ No	❒ Yes ❒ No
	❒ Yes ❒ No	❒ Yes ❒ No

14) Any changes in other medications or allergies since last visit? ❒ Yes ❒ No
If Yes, please explain:

15) Since last visit have you had any surgeries, new medical conditions, or emergency room visits?

❒ Yes ❒ No If Yes, please explain:

Review of systems: Please check those you have had **since your last visit**. Leaving item blank indicates none of these symptoms.

Constitutional	❒weight loss	❒weight gain	❒fever	❒overall weakness	❒fatigue
CV/blood/lymph	❒chest pain	❒racing heart	❒swelling	❒swollen glands	❒blood clot
❒bruising					
GI	❒stomach pain	❒constipation	❒diarrhea	❒nauseas/vomiting	❒blood in stool
GU	❒blood in urine	❒unable to void	❒leaking urine	❒burning with urination	
Neurologic	❒numbness	❒local weakness	❒dizziness	❒headache	❒change in memory
Psychiatric	❒depressed	❒anxious	❒anger	❒poor sleep	
Muscle/Bone	❒joint pain	❒joint swelling	❒joint stiffness	❒muscle pain	

Patient signature______________________