



Paient: _____

Date: _____

Chief Complaint History

Chief Complaint 1:

Date of Onset: _____ Was the onset: Gradual Sudden

Since its' onset has it gotten: Worse Better Unchanged

Have you had this problem before? YES NO If yes, when

Describe what caused the problem.

What makes the pain better?

What makes the pain worse?

Chief Complaint 2:

Date of Onset: _____ Was the onset: Gradual Sudden

Since its' onset has it gotten: Worse Better Unchanged

Have you had this problem before? YES NO If yes, when

Describe what caused the problem.

What makes the pain better?

What makes the pain worse?

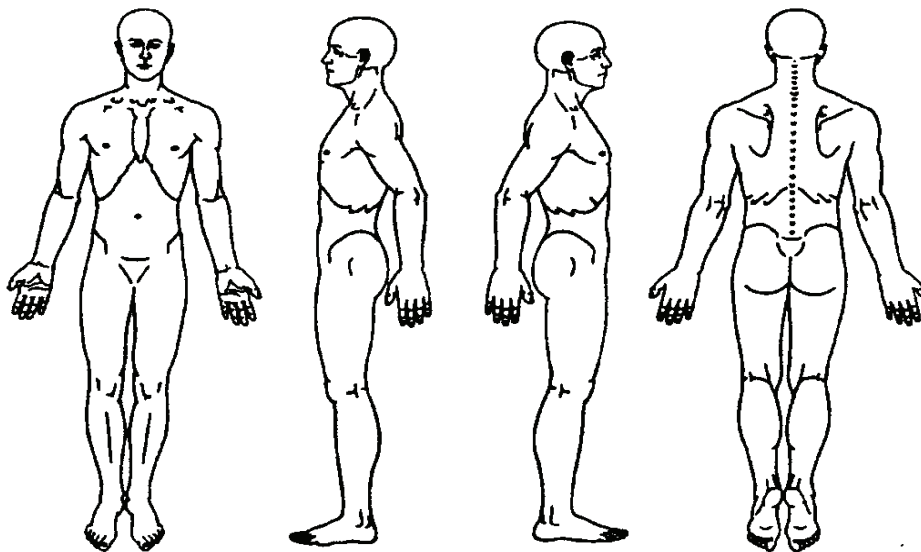
Other Complaint:

Other Complaint:

PAIN CHART

**Please Mark Areas of Pain
using these Codes!**

- +++ Burning
- ### Dull/Ache
- *** Numbness/Tingling
- === Throbbing
- 000 Stabbing/Sharp



SEVERITY OF PAIN

List region of pain and circle the number which represents the intensity of your pain.

1. Complaint: _____ 0 1 2 3 4 5 6 7 8 9 10
No Pain Unbearable

2. Complaint: _____ 0 1 2 3 4 5 6 7 8 9 10
No pain Unbearable

3. Complaint: _____ 0 1 2 3 4 5 6 7 8 9 10
No pain Unbearable