

SUBJECTIVE COMPLAINTS

NAME _____ DATE _____

Please describe your condition and how it happened: _____

Is your pain the result of a: ___ car accident; ___ work injury related; ___ other-please specify _____

Date symptoms began: _____ Are your symptoms: ___ improving ___ getting worse ___ about the same ___ come and go

Symptoms have persisted for: ___ hours ___ 1 day ___ days ___ weeks ___ months ___ years

Check any activities that aggravate your condition:

___ standing ___ walking ___ sitting ___ lying ___ bending ___ lifting ___ getting in/out of car

___ sneezing ___ coughing ___ turning over ___ climbing ___ kneeling ___ balancing ___ dressing self

___ sleeping ___ stooping ___ gripping ___ pushing ___ pulling ___ reaching ___ sexual activity

___ Other: _____

What activities make condition better? _____

Date of last X-Rays _____ What body parts were they taken of? _____

(Women only) Are you pregnant? (Y / N) Date of last menstrual cycle _____

Medical History

YES	NO	Please check yes or no
		Have you ever had these symptoms/conditions before? If so, when?
		Do you have any allergies to any medication?
		Have you ever had an injury that caused you to lose time from work? Please explain the time lost from work in the past 2 years (ill, injury, etc..)
		Are you presently under a doctor's care for any condition? If so, explain:
		Are you now taking any medication, either prescribed or over the counter? Please explain and list:

The following information is requested to assist the doctor in determining your condition of health.

Answer questions carefully by placing a check in the yes or no column. Do you have a history (or currently have):

YES	NO		YES	NO		YES	NO	
		Allergies (Environmental)			Hay Fever			Painful Tailbone
		Anemia			Head Injury			Poor Posture
		Arthritis			Heart Trouble			Rheumatic Fever
		Asthma			Hernia			Rheumatism or Arthritis
		Back Injury			High Blood Pressure			Rupture or Hernia
		Back Pain (high or low)			Kidney Trouble			Sciatica (Sciatic Nerve Pain)
		Bursitis			Knee injury			Severe Headaches
		Broken Bones			Mental or Nervous Disorders			Shortness of Breath
		Cancer			Neck Pain			Skin Conditions or Chronic Rash
		Complications from Childhood Diseases			Pain or numbness in Shoulder			Stomach Conditions or Duodenal Ulcer
		Diabetes			Arms			Spinal Curvature
		Dislocations of Joints			Elbows			Swollen Joints
		Ear Trouble			Hands			Tuberculosis
		Epilepsy			Hips			Tumor
		Eye Trouble			Legs			Varicose Veins
		Fainting Spells			Knees			Yellow Jaundice
		Foot Trouble			Feet			
		Gall Bladder Trouble			Pain between shoulders			