

PLEASE FILL OUT WHAT PERTAINS TO YOUR CURRENT CONDITION/S

Headaches Y N

When did you first notice head pain? _____

What makes it feel better? _____

What makes it feel worse? _____

In what part of your head do you feel it? _____

How often does it occur? _____

How would you describe the headache (throbbing, pounding, etc.)? _____

Rate the pain severity 0 (none)—10 (worst): _____

Neck Pain Y N

When did you first notice it? _____

What makes it feel better? _____

What makes it feel worse? _____

Is the pain on the R / L side or both sides (circle one)? Is the pain constant or comes and go (circle one)?

How would you describe the pain? _____

Does the pain travel? Y / N Where? _____

Rate the pain severity 0 (none)—10 (worst): _____

Mid/Upper Back pain Y N

When did you first notice it? _____

What makes it feel better? _____

What makes it feel worse? _____

Is the pain on the R / L side or both sides (circle one)? Is the pain constant or comes and go (circle one)?

How would you describe the pain? _____

Does the pain travel? Y / N Where? _____

Rate the pain severity 0 (none)—10 (worst): _____

Lower Back/Hip pain Y N

When did you first notice it? _____

What makes it feel better? _____

What makes it feel worse? _____

Is the pain on the R / L side or both sides (circle one)? Is the pain constant or comes and go (circle one)?

How would you describe the pain? _____

Does the pain travel? Y / N Where? _____

Rate the pain severity 0 (none)—10 (worst): _____

NAME: _____ Date: _____

Age: _____ Date of Birth: _____ Occupation: _____

How long have you had (circle one) neck / mid-back / low back pain? _____ (circle one) weeks / months / years?

Is this the first episode of pain? Y / N Prior episode date? _____

Use the letters below to indicate the type and location of your sensations right now.

A=Ache

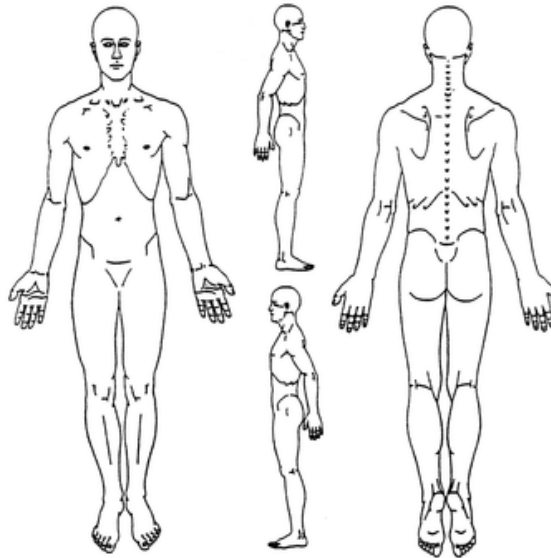
N=Numbness

S=Stabbing

B=Burning

P=Pins and Needles

O=Other



Accidents / falls / injuries (dates)? _____

PLEASE FILL OUT THE BACK OF THIS FORM.....>>>