

Name: _____
Date: _____

SYMPTOMS

Please check all that apply and circle "R" or "L" if the symptoms take place on your right or left side:

- HEAD:**
- Headache
 - entire head
 - back of head
 - forehead
 - temples
 - migraine
 - Head feels heavy
 - Loss of memory
 - Light-headedness
 - Fainting
 - Light bothers eyes
 - Loss of smell
 - Loss of taste
 - Loss of balance
 - Dizziness
 - Loss of hearing
 - Pain in ears
 - Ringing in ears
 - Buzzing in ears

- NECK:**
- Pain without movement
 - Pain with movement
 - Pinched nerve
 - Feels out of place
 - Stiffness
 - Muscle spasms
 - Grinding sounds
 - Grating sounds
 - Popping sounds
 - Arthritis

- LOW BACK:**
- Pain
 - Pain is worse when:
 - working
 - lifting
 - stooping
 - standing
 - sitting
 - bending
 - coughing
 - Pinched nerve
 - Slipped disc
 - Feels out of place
 - Muscle spasms
 - Arthritis
- MID-BACK:**
- Pain
 - Pain btw shoulder blades
 - Sharp stabbing pain
 - Muscle spasms

- ABDOMEN:**
- Nervous stomach
 - Nausea
 - Gas
 - Constipation
 - Diarrhea

X-RAYS

Have you had X-rays before? Yes No
If yes, when? _____
What areas were X-rayed? _____

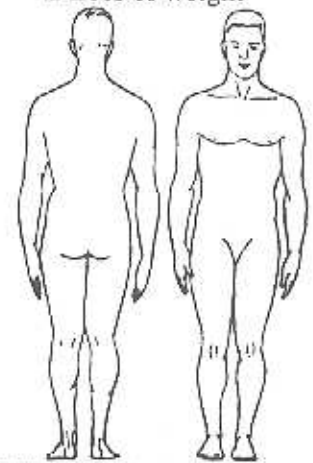
- SHOULDERS:**
- Pain in shoulder joint (R / L)
 - Pain across shoulders
 - Bursitis (R / L)
 - Arthritis (R / L)
 - Can't raise arm
 - above shoulder level
 - over head
 - Tension in _____
 - Pinched nerve (R / L)
 - Muscle spasms

- ARMS & HANDS:**
- Pain in upper arm
 - Pain in forearm
 - Pain in hands
 - Pain in fingers
 - Pinched nerve in arm
 - Pinched nerve in fingers
 - Sensation of pins & needles
 - in arms
 - in fingers
 - Fingers go to sleep
 - Hands cold
 - Swollen joints in fingers
 - Sore joints in fingers
 - Arthritis in fingers
 - Loss of grip strength

- CHEST:**
- Pain
 - Shortness of breath
 - Pain around ribs

- HIPS, LEGS & FEET:**
- Pain in buttocks (R / L)
 - Pain in hip joint (R / L)
 - Pain down leg (R / L)
 - Leg cramps
 - Pins & needles in legs (R / L)
 - Numbness of leg (R / L)
 - Numbness of feet (R / L)
 - Numbness of toes
 - Feet feel cold
 - Cramps in feet (R / L)
 - Swollen ankles (R / L)
 - Swollen feet (R / L)
 - Painful joints in toes
 - Pain in foot (R / L)
 - Pain in knee (R / L)

- GENERAL:**
- Nervousness
 - Irritable
 - Depressed
 - Fatigue
 - Generally feel run-down
 - Loss of sleep
 - Loss of weight



MARK AREAS OF PAIN ABOVE

Were these symptoms caused by an accident or specific event? Yes No
If yes, what date did the accident occur? _____ What time? _____ Location: _____
How did this accident occur? Auto Collision On-the-job Other _____
Please describe the circumstances of the accident? _____

Have you lost time from work? Yes No
Have you had any previous accidents (other than described above)? _____