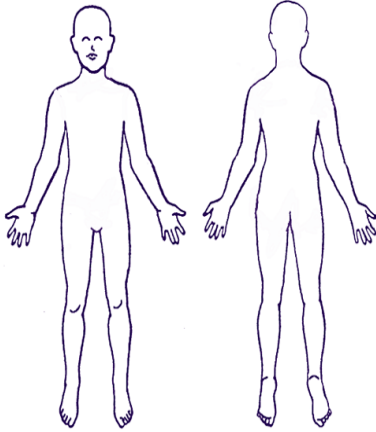


Patient Name: _____

Date: _____

Health Questionnaire

Current Complaints:



Pain Locations:

Mark location of pain with numbers in order of significance. Describe pain with corresponding numbers (i.e. "Pain Location 1") on right.

*Ask doctor for additional sheet if you have more than 2 pain locations.

Doctor Notes:

Pain Location 1: _____

- 1.a. Symptoms Started: _____
- 1.b. How did symptoms start?
 - Auto Accident (complete page 3)
 - Work
 - Awoke with pain
 - Unknown
 - Work Accident (complete page 4)
 - Other: _____

2. Rate pain on scale: (1=none; 10=unbearable)

1 2 3 4 5 6 7 8 9 10

- 3. Symptoms occur:
 - Constantly (76-100% of day)
 - Frequently (51-75% of day)
 - Occasionally (26-50% of day)
 - Intermittently (0-25% of day)

- 4. Overall Severity:
 - Mild
 - Mild to Moderate
 - Moderate
 - Moderate to Severe
 - Severe

- 5. Nature of symptoms:
 - Sharp Dull ache Shooting
 - Burning Tingling Numb
 - Radiating to _____

- 6. How are symptoms changing:
 - Better Worse No change

- 7. The following make symptoms worse:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Sneeze/Cough/Laugh
 - Other _____

- 8. The following makes symptoms better:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Pain Medication _____
 - Other _____

- 9. Pain interferes with:
 - Work Hobbies Recreation
 - Home Relationships

Pain Location 2: _____

- 1.a. Symptoms Started: _____
- 1.b. How did symptoms start?
 - Auto Accident (complete page 3)
 - Work
 - Awoke with pain
 - Unknown
 - Work Accident (complete page 4)
 - Other: _____

2. Rate pain on scale: (1=none; 10=unbearable)

1 2 3 4 5 6 7 8 9 10

- 3. Symptoms occur:
 - Constantly (76-100% of day)
 - Frequently (51-75% of day)
 - Occasionally (26-50% of day)
 - Intermittently (0-25% of day)

- 4. Overall Severity:
 - Mild
 - Mild to Moderate
 - Moderate
 - Moderate to Severe
 - Severe

- 5. Nature of symptoms:
 - Sharp Dull ache Shooting
 - Burning Tingling Numb
 - Radiating to _____

- 6. How are symptoms changing:
 - Better Worse No change

- 7. The following make symptoms worse:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Sneeze/Cough/Laugh
 - Other _____

- 8. The following makes symptoms better:
 - Heat Exercise Standing
 - Ice Sitting Sleeping
 - Lifting Bending Walking
 - Pain Medication _____
 - Other _____

- 9. Pain interferes with:
 - Work Hobbies Recreation
 - Home Relationships

Have you seen other doctors? Yes No If yes, who? _____

Have you had similar symptoms in the past? Yes No If yes, explain? _____

Have you had treatment for these symptoms? Yes No If yes, explain? _____

Patient Signature _____

Date _____

Doctor Notes:

