

Chief Complaint – HPI (History of Present Illness)

Chart# _____ Date: _____

Patient Name: _____ Hm# _____ / Cell# _____

Address: _____ Employer: _____ Wk# _____

_____ SS# _____ D.O.B. _____

Marital Status: Married Single Widowed Divorced Spouse: _____ D.O.B. _____

Emergency contact person and number _____

Referred By: _____

Chief Complaint: _____

Body Area(s) Involved: Cervical Spine, Ribs, Pelvis Upper Extremity Lower Extremity

Condition: New → Acute or Chronic
 Recurrence (Acute) Exacerbation (Acute) Chronic

Mechanism of Onset:
 Auto: Driver/Passenger Pedestrian (refer to completed auto accident history form)
 Work Related: Fall Falling Object Lifting Overexertion Repetitive Motion Other: _____
 Other – Liability: Slip or Fall Other: _____
 Other – No Liability: Etiology Unknown Overexertion Repetitive Use Slept Wrong Slip or Fall
 No Injury

Description of Onset of Complaint: _____

Current Symptoms: Pain Numbness Stiffness Weakness

Location: Left / Right / Bilateral _____

Quality: Burning Diffuse Dull/Aching Localized Radiating Sharp Shooting
 Stabbing Throbbing Tightness Tingling Other _____

Level of Impairment Due to Symptoms (Resting):

0 1 2 3 4 5 6 7 8 9 10

Level of Impairment Due to Symptoms (With Activity):

0 1 2 3 4 5 6 7 8 9 10

Duration: Started: _____

Last Occurred: _____ Last episode: _____ Resolved Previous Visit: _____

Worsened: _____ Injury Occurred: _____ Accident Occurred: _____

Timing: Worse: Morning Afternoon Night with Activity; Constant Intermittent

Assoc Signs and Symptoms: Blurred Vision Depression Dizziness Irritability/Mood Swing
 Localized Tingling Nausea Ringing in Ears Sleep Disturbance Stiffness

Headaches: Location: Occipital Frontal Left Temporal Right Temporal Parietal Sinus
 Quality: Dull Sharp Throbbing Stabbing Aura No Aura
 Types: Hat Band Cluster Migraine Tension
 Other: (frequency/duration/time of day) _____

Radiation: Left / Right / Bilateral _____

Weakness: Left / Right / Bilateral _____

Other Assoc Signs and Symptoms:

aches	burning	cold limb(s)	difficulty walking	dizziness
ecchymosis	chronic fatigue	fever	heartburn	joint stiffness
muscle spasm	muscle weakness	nausea	numbness	pale bluish skin
panic	pins & needles	rhinorrhea (runny nose)	shortness of breath	sweating
swelling	tingling	vomiting		

Modifying Factors:

Symptoms Better With:	nothing helps	activity	bending	applying cold	applying heat
	massage	movement	OTC meds	Rx meds	rest
	stretching	sitting	standing	twisting	walking

Symptoms Worse With: (as noted in Social History)

Daily Activities: Effects of Current Condition on Performance

Bending:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Care –Infirm Family:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Carrying Groceries:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Change Posn–Sit–Stand:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Climb Stairs:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Driving:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Extended Computer Use:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Feeding:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Household Chores:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Kneeling:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Lift Children:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Lifting:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Pet Care:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Reading (Concentration):	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Self Care:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Self Care–Bathing:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Self Care–Dressing:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Self Care–Shaving:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Sexual Activities:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Sleep:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Static Sitting:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Static Standing:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Walking:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform
Yard Work:	No Effect	Mild Painful (Can do)	Mod Painful (Limited)	Sev Unable to Perform

Employment:

Occupation/Job Title: _____ **Work:** _____ hrs / day or week

Description of Work: _____

Job Classification:	Sedentary (<5lbs)	Light (5-20lbs)	Moderate (20-50lbs)	Heavy (>50 lbs)
Lifting Frequency:	Constant (67-100%/day)	Frequent (33-66%/day)	Occasional (0-32%/day)	
Lifting Postures:	with Arms	High Near	from Knee	Off Posture from Torso

Condition's Effect On Job Performance:

Mild Painful (Can do) **Mod** Painful (limited ability) **Mod/Sev** Limited Duty **Sev** No Limited Duty **Sev** (can't do limited duty)