

PATIENT SYMPTOMS / COMPLAINTS

PURPOSE OF TODAY'S VISIT _____ DATE _____

IMPORTANT: Circle all present symptoms. Underline recent past symptoms. Sign below. Be complete.

MUSCLE, LIGAMENT & JOINT

NECK: Weakness – Pain – Stiffness – Swelling – Spasms – Disc – Limited Movement – Pain on Motion – Surgery – Throat Muscles Swollen or Sore. Worse: After Sleeping – During Day – End of Day.
MID BACK: Weakness – Pain – Spasms – Soreness. Worse: After Sleeping – During Day – End of Day.
LOW BACK: Weakness – Pain – Stiffness – Swelling Limited Movement – Pain on Motion – Surgery. Pain When: Sitting – Walking – Standing – Sleeping. Worse: After Sleeping – During Day – End of Day. Sacroiliac – Tailbone – Sex Impotency – Pain in Groin. Worse: After Sleeping – During Day – End of Day.

EXTREMITIES & RADIATING PAIN

HEAD & HEADACHE: Side – Front – Top – Heavy Head – Affects Vision – Produces Nausea – Throbbing – Incapacitating – Handicaps Normal Function – Migraine. Worse: After Sleeping – During Day – End of Day.
SHOULDER: Local Pain – Radiates Down Arm – Pain on Movement – Limited Movement – Pain from Neck. Worse: After Sleeping – During Day – End of Day.
ARM: Local Pain – Radiating Pain – From Neck – On Movement – Down Arm – Numbness – Tingling – Elbow – Wrist – Fingers – Swelling – Heaviness – Cold Hands – Grip Strength Loss – Can't Raise – Drops Things.
HIP, KNEES, LEGS: Local Pain – Radiating Pain – From Back – On Movement – Down Leg – Knee (Front – Back) Numbness – Tingling – Knee Swelling – Ankle Swelling – Charlie Horses – Cramps – Spasms – Varicose Veins – Heaviness – Pain on Walking – Sitting – Prolonged Standing.
FEET: Swelling – Discomfort – Pain – Pain on Walking – Pain with Back Problem – Corns – Calluses – Bunions – Fallen Arch – High Arch – Toe-in – Toe-out – Cold – Burn.

MUSCLE & LIGAMENTS

Sprain – Pulled – Torn – Atrophy

SPINE & DISC

DISC: Surgery – Arthritis – Curvature – Whiplash. **SPINE:** Surgery – Protrusion – Compressed – Degenerating – Deteriorating – Herniated – Ruptured

NERVES

Burning – Numbness – Tingling – Pins and Needles – Tremor – Nervousness – Nervous Tension – Nervous – Fatigue – Dizziness – Poor Equilibrium – Loss of Balance.

ENERGY AND FATIGUE

Intermittent – Constant – Occasional. Exhaustion Build up – Tired Upon Awakening – Exhaustion After Work – Must Rest During Day

WALKING CAUSES: Tiredness – Fatigue – Exhaustion.

SLEEPING: Good – Fair – Poor – Poor Due to Pain – Insomnia – Falls to Sleep – Emotional Fatigue – Excessive Sleep.

EYE, EAR, NOSE THROAT & MOUTH

EYE: Pain – Strain – Red – Blurring – Light Hurts – Double Vision – Spots – Injury – Pressure – Glasses.

SIGHT: Far – Near – Failing – Glasses

EAR: Ache – Infection – Noises – Ring – Buzzing.

HEARING: Good – Poor – Aid – Failing.

NOSE: Post Nasal Drip – Bleeding – Obstruction – Sneezing – No Smell.

THROAT: Sore – Dry – Hoarse – Phlegm – Enlarged Glands – Swallow.

MOUTH: Bad Taste – Teeth – Breath – Gums – Sores – Eruptions – No Taste.

TEETH: Good – Bad – Abscess – Grinding – Dentures – Fit Well – Poor.

HEART AND CIRCULATION

HEART: Slow – Rapid – Pain – Palpitation – Past Attack – Coronary – Chest Pain – Pain Down Arm – Difficult Breathing.

BLOOD PRESSURE: High – Low Irregular – Past Stroke – Paralysis: L – R.

Worse: After Sleeping – During Day

CIRCULATION: Good – Poor – Swelling.

COLD: Hands – Feet – Body – Varicose Veins – Hardening Arteries.

SWEATS: Excess – None – Hot – Cold – Night.

BLOOD: Problems – Disease – Anemia.

LUNGS AND BREATHING

LUNGS: Difficult Breathing – Congestion – Asthma – Emphysema – Wheezing – Bronchitis – Infection.

COUGH: Blood – Phlegm – Dry – Sneezing.

STOMACH, LIVER, GALL BLADDER AND INTESTINAL

STOMACH: Nausea – Pain – Ulcer – Vomiting Blood – Bile – Indigestion – Heartburn – Gas.

APPETITE: Good – Poor – Excess.

LIVER: Upset – Jaundice – Hepatitis.

GALL BLADDER: Attack – Infection – Stones.

INTESTINES: Bloat – Mucous – Constipated – Diarrhea – Hemorrhoids – Fissures – Colitis.

KIDNEY, BLADDER & URINATION

URINE: Frequent – Difficult – Burns – Blood – Pus – Irritates – No Control – Infection – Kidney Stones – Prostate – Ovaries – Bedwetting.

SKIN

Sensitive – Bruises – Dry – Itching – Rash – Hives – Shingles – Boils – Acne – Eruptions – Slow Healing.

GENERAL

SWOLLEN LYMPH NODES: Neck – Underarm – Groin – Face – Pallor – Chills – Fever – Flu – Virus – Chronic Cold – Cough.

SINUS: Congestion – Headaches – Sneeze.

WEIGHT: Over – Under – Loss – Gain.

REACTION TO DRUGS: Occasional – Mild – Severe.

PERSONAL HABITS

Hours of regular sleep at night _____
 Amount of Smoking _____ Pkg / day
 Amount of Coffee/Tea _____ Cups / day
 Amount of Alcohol _____ Week
 Hrs. Regular worked _____ Day _____ Week

PERSONAL INJURIES & ACCIDENTS (dates)

AUTO ACCIDENTS: Recent – Past _____

WORK INJURIES: Recent – Past _____

FALLS & OTHERS: Recent – Past _____

GIVE DOCTOR FULL DETAILS

FOR WOMEN ONLY

MENSTRAL: Cramps – Backache – Excess Flow – Difficult – Irregular – Tension.

MENOPAUSE: Symptoms – Hot Flashes – Estrogen.

VAGINAL: Discharge – Irritation – Odor.

MISCARRIAGES _____ PREGNANCIES _____

Unable to Become Pregnant. Self / Husband

Currently Pregnant

Absolutely no patients accepted for diagnosis or treatment of Cancer. Suspected cases of Cancer are immediately referred.

DATE _____

PATIENT SIGNATURE _____

GUARDIAN SIGNATURE _____