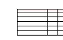
Print in Color or Grayscale Only
Using Adobe Acrobat Reader 8.0 or later

History of Present Illness

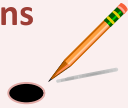
Please answer every question.



STAFF: Handwritten responses must be entered **MANUALLY**.

Marking Instructions

Please use a #2 pencil.
Fill in the complete oval as shown...



PLEASE PRINT PATIENT'S LAST NAME

PLEASE PRINT PATIENT'S FIRST NAME

PATIENT'S DATE OF BIRTH

Month | Day | Year

CHIEF COMPLAINT

Which area is experiencing the greatest pain / problem?

- neck
- shoulder
- arm
- elbow
- wrist
- hand
- finger
- back
- hip
- leg
- knee
- ankle
- foot
- toe

PAIN

Location of pain:

left	right	both	
◯	◯	◯	shoulder
◯	◯	◯	upper arm
◯	◯	◯	elbow
◯	◯	◯	lower arm
◯	◯	◯	wrist
◯	◯	◯	hand
◯	◯	◯	finger

left	right	both	
◯	◯	◯	hip
◯	◯	◯	groin
◯	◯	◯	thigh
◯	◯	◯	knee
◯	◯	◯	lower leg
◯	◯	◯	ankle
◯	◯	◯	foot

left	right	both	
◯	◯	◯	toes

- neck
- collar bone
- back
- pelvis
- other (please specify): ____________

Are you currently experiencing pain? ◯ yes ◯ no

Severity of pain: **0** = no pain **10** = most severe pain imaginable

No Pain | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Most Painful

Quality of pain:

- aching
- instability
- sharp
- burning
- locking
- swelling
- clicking
- numbness
- tingling
- dull
- pins / needles
- throbbing

Timing of pain (when it started)**:**

- in the last week
- in the last month
- 1-3 months
- 3-6 months
- 6-12 months
- over 1 year

Duration of pain (how long it lasts)**:**

- occasional
- continuous
- at night
- other (please specify): ____________

What makes your pain WORSE?

- sitting
- driving
- standing
- walking
- weather
- laying down
- running
- squatting
- bending
- kneeling
- overhead activities

What makes your pain BETTER?

- medication
- walking
- exercise
- standing
- sitting
- physical therapy
- rest
- massage
- elevation
- ice
- heat
- laying down

TREATMENTS

Which treatment(s) have you had for your current problem?

◯ **I HAVE HAD NO TREATMENTS**

	Did this treatment help? yes	no
brace / splint	◯	◯
crutches	◯	◯
elevation	◯	◯
heat	◯	◯
ice	◯	◯

	Did this treatment help? yes	no
injection	◯	◯
medication	◯	◯
physical therapy	◯	◯
rest	◯	◯
stretching	◯	◯
surgery	◯	◯

(U.S. Patent No. 7,487,102) (U.S. Patent No. 7,941,328)

SAMPLE

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