COMPLAINT FORM

CHIEF COMPLAINTS:

The Frequency is:

Describe the pain:

Please explain the reason(s) that prompted you to come to this office for treatment in the spaces below. (Example: "Lower back pain, Neck pain, Numbness in the right leg, etc...)

1							
Rate your pain: My pain is	a: 1 2 3 4	5 6 7 8	9 10	(Please Circle)		
The complaint came on:	Gradually	Gradually		Immediately			
It is getting:	Better	Better		Worse		Staying the same	
The Intensity is:	Minimal	Minimal		Moderate		Severe	
The Frequency is:	Occasion	Occasional		Frequent		Constant	
Describe the pain:	Sharp	Dull	Achy	Shooting	Burning	Throbbing	
		tingling		Spasming	g S	tiff	
Location:	Right		Left Middle		e Bo	Both sides	
2							
Rate your pain: My pain is The complaint came on:		: 1 2 3 4 5 6 7 8 Gradually		9 10 (Please Circle) Immediately			
It is getting:	Better	Better		Worse		Staying the same	
The Intensity is:	Minimal	Minimal		Moderate		Severe	
The Frequency is:	Occasion	Occasional		Frequent		Constant	
Describe the pain:	Sharp	Dull	Achy	Shooting	Burning	Throbbing	
		Tingli		ing Spasming		Stiff	
Location:	Right		Left	Midd	le Bo	oth sides	
3							
Rate your pain: My pain is	a: 1 2 3 4	5 6 7 8	9 10	(Please Circle	e)		
The complaint came on:	Graduall	Gradually		Immediately			
It is getting:	Better	Better		Worse		Staying the same	
The Intensity is:	Minimal	Minimal		Moderate		Severe	

Tingling Spasming Stiff

Location: Right Left Middle Both sides

Dull

Frequent

Achy

Shooting

Constant

Throbbing

Burning

Occasional

Sharp