

Chief Complaint – HPI (History of Present Illness)

Patient Name: _____ Case: _____ Date: _____ Dr: _____

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

Context: Better with: Warm Temp Cold Temp Worse with: Warm Temp Cold Temp Damp

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
Work Activity Postures: (hrs/day)
[] bending: _____ h/d [] climbing: _____ h/d [] kneeling: _____ h/d [] pulling: _____ h/d [] pushing: _____ h/d
[] reaching: _____ h/d [] sitting: _____ h/d [] standing: _____ h/d [] twisting: _____ h/d [] walking: _____ h/d
Repetitive Activities: (hrs/day)
[] assembly/fine manipulation: _____ h/d [] computer use/typing: _____ h/d [] grasping: _____ h/d
[] hand tool use: _____ h/d [] operation of machinery controls: _____ h/d [] phone use: _____ h/d

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)

Recreational Activity: Effects of Current Condition on Performance

- _____ [] No Effect [] Mild Painful (Can do) [] Mod Painful (Limited) [] Sev Unable to Perform
_____ [] No Effect [] Mild Painful (Can do) [] Mod Painful (Limited) [] Sev Unable to Perform