1. **Please describe your symptoms:** _____

When did your symptoms start? _____

How did your symptoms begin? _____

2. **How often do you experience your symptoms?**

- ❑ Constantly (76-100% of the day)
- ❑ Frequently (51-75% of the day)
- ❑ Occasionally (26-50% of the day)
- ❑ Intermittently (0-25% of the day)

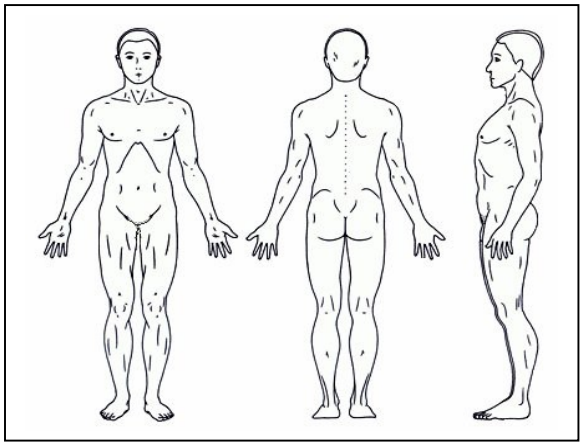
3. **What describes the nature of your symptoms?**

- ❑ Sharp
- ❑ Shooting
- ❑ Burning
- ❑ Numbness
- ❑ Tingling
- ❑ Dull Ache

4. **How are your symptoms changing?**

- ❑ Getting Better
- ❑ Not Changing
- ❑ Getting Worse

**Indicate with "X" where you have pain or other symptoms.**



**None** **Unbearable**

5. **Indicate the average intensity of your symptoms:** **0 1 2 3 4 5 6 7 8 9 10**

6. **Since your symptoms began:**

How much has pain interfered with your normal work (including both work outside the home, and housework)?

- ❑ All the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

How much of the time has your condition interfered with your social activities (like visiting with friends and relatives)?

- ❑ All the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

7. **Who have you seen for your current symptoms?**

- ❑ Chiropractor
- ❑ Medical Doctor
- ❑ Physical Therapy
- ❑ Other _____

What treatment did you receive and when? _____

What tests have you had for your symptoms and when were they performed?

**X-Rays:** Date _____ **MRI:** Date _____

**CT Scan:** Date _____ **Other:** Date_____

8. **Have you had similar symptoms in the past? No Yes** (If yes, where were you seen?)

- ❑ In Our Office
- ❑ Medical Doctor
- ❑ Physical Therapy
- ❑ Another Chiropractor
- ❑ Other _____

9. **In general would you say your overall health right now is…**

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor

10. **What is your occupation?** _____

Please select a category:

- ❑ Professional /Executive
- ❑ White Collar/Secretarial
- ❑ Tradesperson
- ❑ Laborer
- ❑ Homemaker
- ❑ Full -Time Student
- ❑ Retired



PT ID# _____