

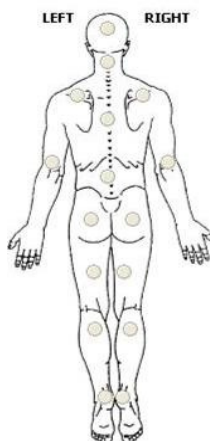
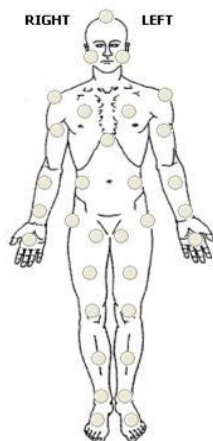
COMPLAINT

(Initial Exam, Daily Note, Follow Up/Final Exam)

Complaint #___ -

Please place an X on one part of the body where you are experiencing pain or discomfort and list your complaints in the order of severity. (If you do not see your complaint on the picture, please list the complaint on the *Other* line.

Please grade pain 0-10 (10 is the highest) 0 1 2 3 4 5 6 7 8 9 10



Other: _____

This complaint came on:

It is getting:

The intensity of this complaint is:

The frequency of this complaint is: ☐ Intermittent

The pain is:

The pain is located on:

☐ Gradually

☐ Improving

☐ Minimal ☐ Slight

☐ Occasional

☐ Dull

☐ Shooting

☐ Burning

☐ Left side

☐ Immediately

☐ Staying the same

☐ Moderate

☐ Frequent

☐ Sharp

☐ Spasm

☐ Spasm

☐ Right side

☐ Getting Worse

☐ Severe

☐ Constant

☐ Aching

☐ Throbbing

☐ Tingling

☐ Both sides

Actions effecting this complaint: With respect to the complaint you have listed above, please consider the actions below that might bring on, aggravate, or relieve that particular problem and mark the correct fields accordingly.

Morning

Afternoon

Cold

Heat

Medication

Resting

Straining

Standing

Sitting

Lying down

Bending forward

Bending back

Bending left

Twisting left

Twisting right

Lifting

Coughing

Sneezing

☐ Brings On

☐ Brings On

☐ Brings On

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