

Chief Complaint – HPI (History of Present Illness)

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

Chief Complaint: _____

Body Area(s) Involved: Cervical (neck) Spine, Ribs, Pelvis (back) Upper Extremity Lower Extremity

Condition: New → Acute (less than 6 weeks) or Chronic (began more than 6 weeks ago)
 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

Table with 6 columns: Activity, No Effect, Mild Painful (Can do), Mod Painful (Limited), Sev Unable to Perform. Rows include Bending, Care -Infirm Family, Carrying Groceries, Change Posn-Sit-Stand, Climb Stairs, Driving, Extended Computer Use, Feeding, Household Chores, Kneeling, Lift Children, Lifting, Pet Care, Reading (Concentration), Self Care, Self Care-Bathing, Self Care-Dressing, Self Care-Shaving, Sexual Activities, Sleep, Static Sitting, Static Standing, Walking, Yard Work.

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

Table with 6 columns: Activity, No Effect, Mild Painful (Can do), Mod Painful (Limited), Sev Unable to Perform. Rows are blank lines for user input.