ALIGN Chiropractic
SPINE & SPORTS REHAB

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Established Patient – New Injury

Major Complaints and symptoms – please be as specific as you can:_____

How do you believe your problem (pain) began?:_____

Was the onset of the pain?: ☐ **Sudden** ☐ **Gradual** **On what date did you first notice the problem/pain?:**_____

Do you have a past history of similar symptoms?: ☐ **Yes** ☐ **No** **If so, when?:** _____

Since the problem began, is it: ☐ **Improving** ☐ **Worsening** ☐ **Unchanging**

How often is the pain present?: ☐ **Intermittent** ☐ **Constant**

Please list up to 3 activities that are *MOST* affected/limited as a result of your current symptoms and place an "x" on the line to mark your level of disability from the activity related your symptoms (0=Completely disabled, 100=No disability):

1)_____: **0——10——20——30——40——50——60——70——80——90——100**

2)_____: **0——10——20——30——40——50——60——70——80——90——100**

3)_____: **0——10——20——30——40——50——60——70——80——90——100**

Please rate your current symptom (pain, numbness, tingling, etc.) level on a scale of 0-10 (0=No Pain, 10=Severe Pain)?:

0——1——2——3——4——5——6——7——8——9——10

Do your symptoms travel (i.e. into your arms or legs, etc.)?: ☐ **Yes** ☐ **No** **If so, where?:**_____

Is the pain worse at any particular time of day?: ☐ **Morning** ☐ **Afternoon** ☐ **Evening** ☐ **Other:**_____

Is your current condition related to a work injury or automobile accident?: ☐ **Yes** ☐ **No** **If yes, which one?**_____

To help us better understand the nature & origin of your complaints, we ask that you carefully complete this diagram. Use the symbols below to detail where and what your symptoms are on the chart. Also, please rate the severity of each symptom by marking an "X" in the appropriate level.

DDDD= Dull Ache
Mild:____; Moderate:____; Severe:____

XXXX = Sharp/Stabbing
Mild:____; Moderate:____; Severe:____

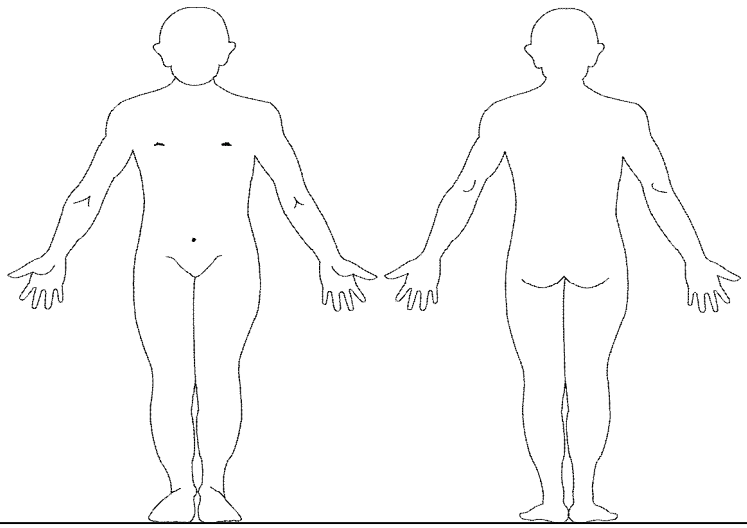
BBBB = Burning
Mild:____; Moderate:____; Severe:____

OOOO = Numbness
Mild:____; Moderate:____; Severe:____

********= Pins & Needles**
Mild:____; Moderate:____; Severe:____

CCCC = Cramping
Mild:____; Moderate:____; Severe:____

TTTT = Throbbing
Mild:____; Moderate:____; Severe:____



Patient Signature:_____ **Date:**_____

Physician Signature:_____ **Date:**_____