

History of Present Illness/Injury

Primary Care Physician: _____ Who referred you? _____

Did you go to the emergency room? Yes No Where? _____ When? _____

Complaint/Problem Today: _____

Date of injury/accident/car accident: _____

If injury/accident/car accident, describe what happened: _____

Is the injury/problem work-related? Yes No If yes, please explain: _____

Occupation at the time of work injury: _____

Work Status: Currently working full duty Light duty Not currently working

List all treatment history for this problem/injury: _____

Severity of pain (0 = no pain, 10= worst pain) At Best _____ At Worst _____ Today _____

Is pain localized or does it affect other body areas? Localized Other body areas

How does it affect other body areas? _____

Other symptoms (numbness, tingling, weakness, etc.) _____

For this recent injury/illness, have you had any recent* (please circle) : X-rays MRI CT Bone Scan

*If you circled any of the above, please bring these results with you.