

Chief Complaint – HPI (History of Present Illness)

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

Chief Complaint: _____

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

Condition: New Recurring Exacerbation Chronic

Mechanism of Onset:

- Auto (see accident history form)
- Work... Fall Lifting Overexertion Repetitive Motion Other (see accident history form)
- Other... Etiology Unknown Overexertion Repetitive Use Slept Wrong Slip or Fall
- No Injury (see below)

Symptoms: Pain Numbness Stiffness Weakness

Location: Left / Right / Bilateral _____

Quality: Burning Diffuse Dull/Aching Localized Sharp Shooting Stabbing
 Throbbing Tightness Tingling Radiating 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: Symptom(s) Started: _____ Symptom(s) Worsened: _____ Symptom(s) Last Occurred: _____
Symptom(s) Last Episode: _____ Injury Occurred: _____ Accident Occurred: _____

Timing: Worse in the: 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 Headaches (see below)
 Irritability/Mood Swing Localized Tingling Nausea Ringing in Ears Stiffness

Headaches: (continued) Location: Occipital Frontal Temporal Parietal Sinus
Quality: Dull Sharp Throbbing Stabbing Aura No Aura
Types: Hat Band Cluster Migraine Tension

Radiation: Left / Right / Bilateral _____

Weakness: Left / Right / Bilateral _____

Other Assoc Signs and Symptoms: Aches Cold Limb Dizziness Ecchymosis
 Fatigue Fever Heartburn Muscle Spasm Nausea Numbness
 Pale Bluish Skin Panic Pins & Needles Runny Nose SOB Stiffness
 Sweating Swelling Tingling Vomiting Weakness

Modifying Factors:

Symptoms Better With: Activity Bending Cold Heat Massage
 Movement OTC Meds Rx Meds Rest Stretching Sitting
 Standing Twisting Walking Nothing Helps

Symptoms Worse With: (as noted in Social History)

Since condition began, has anything permanently helped you? YES NO
Has anything that you have done, thus far, fixed you problem? YES NO

Employment:

Occupation: _____ Work (hrs/day): _____

Job Classification: Sed (<5lbs) Light (6-20lbs) Moderate (21-49lbs) Heavy (>50 lbs)

Lifting Frequency: Constant (66-100%/day) Frequent (33-65%/day) Occasional (0-32%/day)

Lifting Postures: Torso Knee Arm Shoulder High Near Off Posture

Work Activity Postures: (hrs/day)

Sitting: _____ Standing: _____ Walking: _____ Climbing: _____ Pushing: _____ Pulling: _____

Kneeling: _____ Reaching: _____ Twisting: _____

Repetitive Activities: (hrs/day)

Computer: _____ Phone: _____ Machinery: _____ Hand Tools: _____ Assembly: _____ Grasping: _____

Condition's Effect On Job Performance:

Mild Painful (can do) Mod Painful (limits ability) Mod/Sev (limited duty) Sev (no limited duty) Sev (can't do limited duty)

Daily Activities: Effects of Current Condition on Performance

- Care –Infirm Family: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Carrying Groceries: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Change Posn–Sit–Stand: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Climb Stairs: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Daily Pet Care: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Driving: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Ext Computer Use: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Household Chores: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Lift Children: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Self Care–Bathing: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Self Care–Dressing: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Self Care–Shaving: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Sexual Activities: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Sleep: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Static Sitting: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Static Standing: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Walking: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
- Yard Work: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform

Recreational Activity: Effects of Current Condition on Performance

- _____ No Effect Mild Painful (Can do) Mod Painful (limited) Sev Unable to Perform
- _____ No Effect Mild Painful (Can do) Mod Painful (limited) Sev Unable to Perform
- _____ No Effect Mild Painful (Can do) Mod Painful (limited) Sev Unable to Perform
- _____ No Effect Mild Painful (Can do) Mod Painful (limited) Sev Unable to Perform