$Chief\ Complaint-HPI\ (History\ of\ Present\ Illness)$

Patient Name:			Case:		Date: _		Dr	:	
Chief Complaint:									
Body Area(s) Invol	ved: Cervical	l □ Spine, R	ibs, Pelv	⁄is □UI	per Extremi	ty □L	ower Exti	emity	
Condition:	ew → □ Acute	or 🗆 Chro	onic						
	ecurrence (Acute)			n (Acute) Chro	onic			
Mechanism of Onset:	L			11 (110000)	,				
☐ Auto: ☐ D		∃ Pedestrian	(refe	r to comp	leted auto acci	dent his	tory form)		
□ Work Related: □ I								*:	
☐ Other – Liability:	□ Slip or Fall □ O	ther:							
☐ Other – No Liability	y: □ Etiology Unk	nown □ Ove	rexertion	ı □ Rep	etitive Use 🗆	Slept V	Vrong 🗆 S	Slip or Fall	
□ No Injury									
Description of Onse	et of Complaint:								
Current Symptoms	: □ Pain	□ Numbness	; <u> </u>	Stiffness	s □ Wea	kness			
Location: Left / R	_ ight / Bilateral								
Quality: Burning				calized	☐ Radiating		narn 🗆	Shooting	
□ Stabbing		_		ngling	☐ Cother		-	_	
			U 11	nging	□ Other				
Level of Impairment			_	_	_	_	_		
0 1	2 3	4	5	6	7	8	9	10	
Level of Impairment I	Due to Symptoms (With Activity)							
0 1	$\frac{\sqrt{2}}{2}$ 3		<u>.</u> 5	6	7	8	9	10	
V I	2 3	-		U	,	U		10	
Duration: Starte	ed:								
Last Occurred:	Last epi	sode:	Resolved Previous Visit:						
Worsened:									
	☐ Morning ☐ Af		_		•				
Context: Better	with: 🗆 Warm To	emp 🗆 Cold T	'emp	Worse	with: 🗆 War	т Тетр	□ Cold T	Temp 🗆 Damp	
Assoc Signs and Sym	ptoms: 🗆 Blurred	d Vision 🗆 D	epression	n 🗆 🗎	Dizziness		Irritability	/Mood Swing	
	gling Nausea								
Headaches: Loca	tion: Occipital	☐ Frontal ☐	Left Te	emporal	☐ Right Temp	oral [Parietal	☐ Sinus	
Qual	ity: 🗆 Dull	-	Throbb	_	□ Stabbing		Aura	□ No Aura	
Type] Migrai		☐ Tension				
	r: (frequency/dura								
Radiation: Left / R									
Weakness: Left / R	ight / Bilateral								
Other Assoc Signs an	d Symptoms:								
□ aches	□ burning	□ cold lin	mb(s)					☐ dizziness	
□ ecchymosis	☐ chronic fatigu		_	□ heartburn			•	□ joint stiffness□ pale bluish skin	
□ muscle spasm □ panic	☐ muscle weakn☐ pins & needles		ı rhea (run:	nv nose)	□ numbness□ shortness of	breath	□ paie □ swea		
□ swelling	☐ fingling	□ vomiti	•	,,			_ 5 •	. 8	

Modifying Factors:										
Symptoms Better With:	☐ nothing helps ☐ acti			ivity	□ bending	☐ applying col	ld	☐ applying heat		
		☐ massage ☐ movement			□ OTC med				□ rest	
	□ str	retching	□ sitt	ing	□ standing	\Box twisting		□ walking		
Symptoms Worse With:	(as no	oted in So	cial Hist	ory)						
Daily Activities: Effects of Current Condition on Performance										
						1 D : C 1 /T : '/ 1)	п с	II 11 . D C		
Bending:				*	,	d Painful (Limited)				
Care –Infirm Family:				*	,	d Painful (Limited)				
Carrying Groceries:								Unable to Perform		
Change Posn–Sit-Stand:				*	,	, , ,		Unable to Perform		
Climb Stairs: Driving:				*	,	, , ,		Unable to Perform		
•								Unable to Perform		
-								Unable to Perform		
Feeding:				*	,	od Painful (Limited)				
Household Chores:						od Painful (Limited)				
Kneeling:				*	,	od Painful (Limited)				
Lift Children:						od Painful (Limited)				
Lifting:						od Painful (Limited)				
Pet Care:						d Painful (Limited)				
Reading (Concentration): Self Care:				`	· · · · · · · · · · · · · · · · · · ·	od Painful (Limited)				
						od Painful (Limited)				
Self Care Brancing:								Unable to Perform		
Self Care—Dressing:								Unable to Perform		
Self Care–Shaving:				*	,	, , ,		Unable to Perform		
Sexual Activities:				*	,	, , ,		Unable to Perform		
Sleep:				*	,	, , ,		Unable to Perform		
Static Sitting:								Unable to Perform		
Static Standing:				*	,	, , ,		Unable to Perform		
Walking:				*	,	, , ,		Unable to Perform		
Yard Work:		o Ellect	□ MIIIQ	Pallilui (C	an do) 🗆 Mid	od Painful (Limited)	□ Sev	Unable to Perform		
Employment:										
Occupation/Job Title:						Work	hre	/ day or week		
Description of Work:						WUIK	ms	day of week		
Job Classification:					at (5-20lbs)	☐ Moderate (20	-501hs)	☐ Heavy (>50.1b		
Lifting Frequency:		-		_		6-66%/day) \Box Occ		_	,3)	
Lifting Postures:		ith Arms		h Near	from Kne	• /		from Torso		
Litting 1 ostures.	_ W1	111111111111111111111111111111111111111	عسد ت	,ii i (Cai	- Hom Kine	c 🗀 On rostur		110111 10130		
Work Activity Postures:	(hrs/c	day)								
☐ bending:h/d	□ clir	mbing:	h/d	□ kneeli	ng:h/d			□ pushing:		
☐ reaching:h/d	\square sitt	ting:	_h/d	□ standi	ng:h/d	☐ twisting:	h/d	☐ walking:	_h/d	
Repetitive Activities: (ha	re/day))								
□ assembly/fine man	•		h/d	oomnuta	er use/typing:	h/d		grasping: h/d		
☐ hand tool use:	_			_		h/d ry controls: l				
				⊔ operano	n or macinine	ry controisr	<i>I</i> /u ⊔ <u>I</u>	onone usen/	u	
Condition's Effect On J										
□ 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										
		o Effect	□ Mild	Painful (C	lan do) 🗆 Mo	d Painful (Limited)	□ Sev	Unable to Perform		
		o Effect	□ Mild	Painful (C	an do) 🗆 Mo	d Painful (Limited)	□ Sev	Unable to Perform rev 052	208	