

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 →  Acute or  Chronic  
 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**

- Bending:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
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
Driving:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
Extended Computer Use:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
Feeding:  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
Kneeling:  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
Lifting:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
Pet Care:  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
Reading (Concentration):  No Effect  Mild Painful (Can do)  Mod Painful (Limited)  Sev Unable to Perform
Self Care:  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

**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**

- \_\_\_\_\_  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