

History of your Present Health Challenge

Patient Name: _____ Date: _____ Dr: _____ Account #: _____

Body Area(s) Involved: Neck Back Head Other: _____

Mechanism of Onset: Auto Work Related No Injury

Current Symptoms: Pain Numbness Stiffness Weakness

Quality: Burning Diffuse Dull/Aching Localized Radiating Sharp Shooting
 Stabbing Throbbing Tightness Tingling Other _____

Timing: Morning Afternoon Night With Activity Constant Intermittent

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

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

Employment: Occupation/Job Title: _____ Work: _____ hrs / day

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:

bending climbing kneeling pulling pushing

reaching sitting standing twisting walking

Repetitive Activities: Assembly Computer Grasping Hand Tools Machinery Phone

Conditions effect on job performance: No Effect Mild Pain Mod Pain Unable to Perform

Daily Activities: Effects of Current Condition on Performance

| | | | | |
|--------------------------|------------------------------------|--|--|--|
| Bending: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Carrying Groceries: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Change Posn-Sit-Stand: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Climb Stairs: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Driving: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Extended Computer Use: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Feeding: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Household Chores: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Kneeling: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Lifting: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Pet Care: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Reading (Concentration): | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Self Care-Bathing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Self Care-Dressing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Self Care-Shaving: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Sexual Activities: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Sleep: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Static Sitting: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Static Standing: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Walking: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |
| Yard Work: | <input type="checkbox"/> No Effect | <input type="checkbox"/> Mild (Can do) | <input type="checkbox"/> Mod (Limited) | <input type="checkbox"/> Sev Unable to Perform |

Please List Any Current Recreational Activities and the Effects of Current Condition on Performance

_____ No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform
 _____ No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform