

History of your Present Health Challenge

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

Carrying Groceries: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Change Posn-Sit-Stand: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Climb Stairs: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

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

Extended Computer Use: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

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

Household Chores: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

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

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

Pet Care: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Reading (Concentration): No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Self Care-Bathing: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Self Care-Dressing: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Self Care-Shaving: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Sexual Activities: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

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

Static Sitting: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

Static Standing: No Effect Mild (Can do) Mod (Limited) Sev Unable to Perform

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

Yard Work: No Effect Mild (Can do) Mod (Limited) 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

Name: _____ Signature: _____ Date: _____