

## 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:**

- |                                       |  |  |  |   |
|---------------------------------------|--|--|--|---|
| <input type="checkbox"/> aches        | <input type="checkbox"/> burning         | <input type="checkbox"/> cold limb(s)            | <input type="checkbox"/> difficulty walking  | <input type="checkbox"/> dizziness        |
| <input type="checkbox"/> ecchymosis   | <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> fever                   | <input type="checkbox"/> heartburn           | <input type="checkbox"/> joint stiffness  |
| <input type="checkbox"/> muscle spasm | <input type="checkbox"/> muscle weakness | <input type="checkbox"/> nausea                  | <input type="checkbox"/> numbness            | <input type="checkbox"/> pale bluish skin |
| <input type="checkbox"/> panic        | <input type="checkbox"/> pins & needles  | <input type="checkbox"/> rhinorrhea (runny nose) | <input type="checkbox"/> shortness of breath | <input type="checkbox"/> sweating         |
| <input type="checkbox"/> swelling     | <input type="checkbox"/> tingling        | <input type="checkbox"/> 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