

SUBJECTIVE COMPLAINT FORM

Name _____

Date _____

Please circle symptoms that you are seeking treatment for now:

- | | |
|--|---|
| 1. Headache | 7. Neck Stiffness |
| 2. Head and Shoulders are
tired and heavy | 8. Upper back pain |
| 3. Neck grating | 9. Upper back stiffness |
| 4. Neck pain | 10. Mid-back stiffness |
| 5. Restricted neck motion | 11. Mid-back pain |
| 6. Head seems too heavy | 12. Low-back stiffness |
| | 13. Low-back pain |
| 1. Pins & Needles sensation
in the arms | 11. Tension |
| 2. Numbness in the fingers | 12. Irritability |
| 3. Right arm pain | 13. Pins & Needles sensation
in the legs |
| 4. Left arm pain | 14. Pain radiating into
left leg |
| 5. Right shoulder pain | 15. Pain radiating into
right leg |
| 6. Left shoulder pain | 16. Pain radiating into
legs bilaterally |
| 7. Shoulder pain bilaterally | 17. Numbness in the feet |
| 8. Wrist Pain | |
| 9. Hip Pain | |
| 10. Knee Pain | |

Please mark an "X" on the line to indicate discomfort level:

{ MILD } { MODERATE } { SEVERE } { DISABLED }

0 1 2 3 4 5 6 7 8 9 10

No Pain Extreme Pain

Additional Comments: _____

PERSONAL AND FAMILY HISTORY: Name _____

Have you or a family member had any of the following:

{ List family member in this area }

- Y N Heart Attack/Stroke
- Y N Heart Surgery/Pacemaker
- Y N High/Low Blood Pressure
- Y N Fainting/Seizures/Epilepsy
- Y N Severe/Frequent Headaches
- Y N Frequent Neck Pain
- Y N Asthma
- Y N Difficulty Breathing
- Y N Sinus Problems
- Y N Kidney Problems
- Y N Arthritis
- Y N Arteriosclerosis
- Y N Hypertension
- Y N Diabetes
- Y N Hepatitis
- Y N Rheumatic Fever
- Y N Cancer

Are you experiencing:

- Y N Change in bowel or bladder problems
- Y N Chest pain
- Y N Losing weight without trying
- Y N Seeing any other doctor now for any reason

Do You:

- Y N Have an Alcohol problem
- Y N Smoke / How Much _____
- Y N Have any known allergies / to what _____

List any medications / vitamins you are currently taking:

For Women Only:

- Y N Are you taking birth control pills
- Y N Are you pregnant
- Y N Is there a possibility you may be pregnant