

NEW PROBLEM FORM

Name: _____

Date: _____

On this form, describe only one area of the body, ask us for more forms for other body areas

1. Body area involved (circle only one): shoulder upper-arm elbow forearm wrist hand finger thumb
hip thigh knee leg ankle foot toe neck upper-back lower-back

2. Which side? (circle only one): right left

3. Chief Complaint – Briefly describe your problem: _____

4. Is this problem associated with a work-related injury or a lawsuit? yes no

5. Have you ever had a work comp claim involving this same this body area? yes no

6. Was there a sudden injury? yes no If yes, date of injury: _____ If no, skip to question 7.

6a. Type of injury: fall twist impact crushing car accident other: _____

6b. Location during of injury: work home school other: _____

6c. Activity at time of the injury (i.e. walking, lifting, running, etc.): _____

6d. When did symptoms start after the injury? Immediately other: _____ (proceed to question 8)

7. If there was no sudden injury, date symptoms began: _____ 7a. Symptoms began: suddenly gradually

7b. Activity you think might have caused the symptoms: _____

8. Describe your pain: none sharp dull throbbing stabbing burning tingling aching other: _____

9. For the following, a level 10 would be the worst imaginable symptoms, and level 0 would be no symptoms whatsoever.

Highest symptom level (0 to 10): _____ Lowest symptom level (0 to 10): _____

10. Duration of symptoms: constant off/on (if off/on, how long does each episode last? _____)

11. What make the symptoms worse: standing sitting lying sleeping walking running jumping twisting
stairs squatting kneeling lifting reaching-overhead driving typing heat cold other: _____

12. What makes the symptoms better: standing sitting lying sleeping walking heat cold medication therapy
other: _____

13. Trend of symptoms: worsening improving not changing

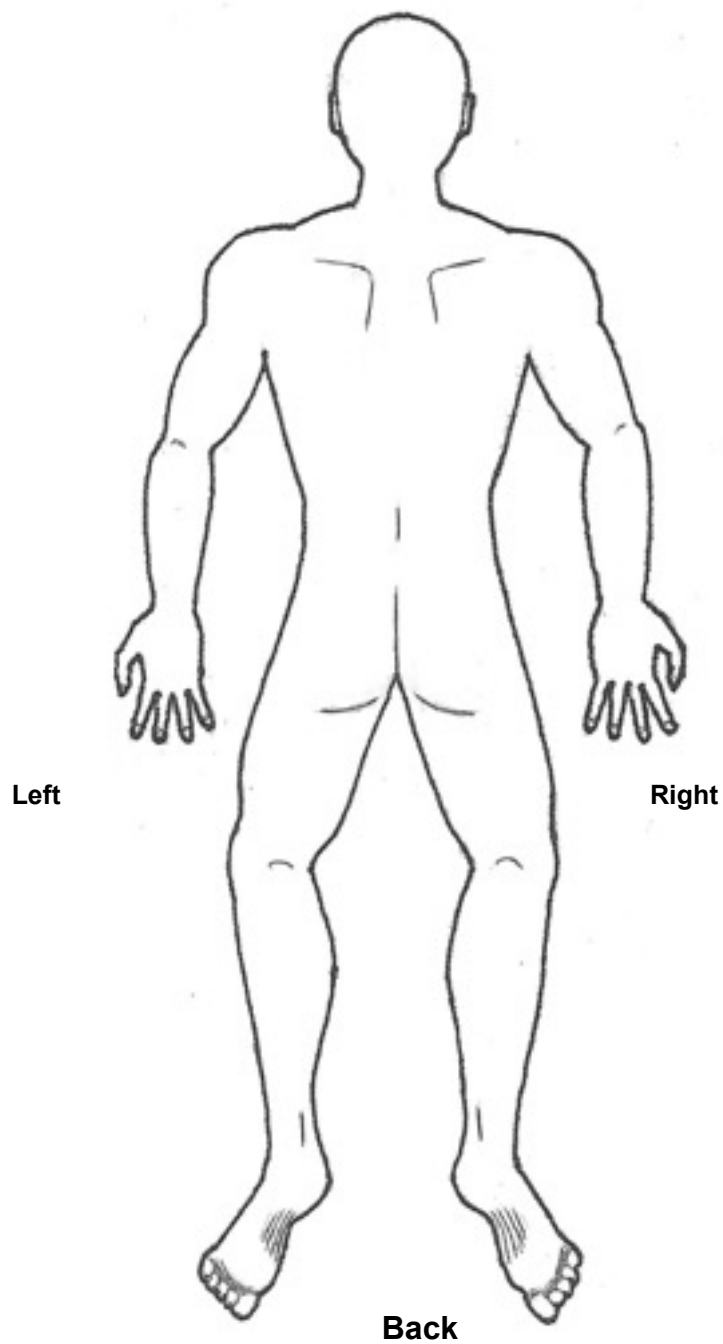
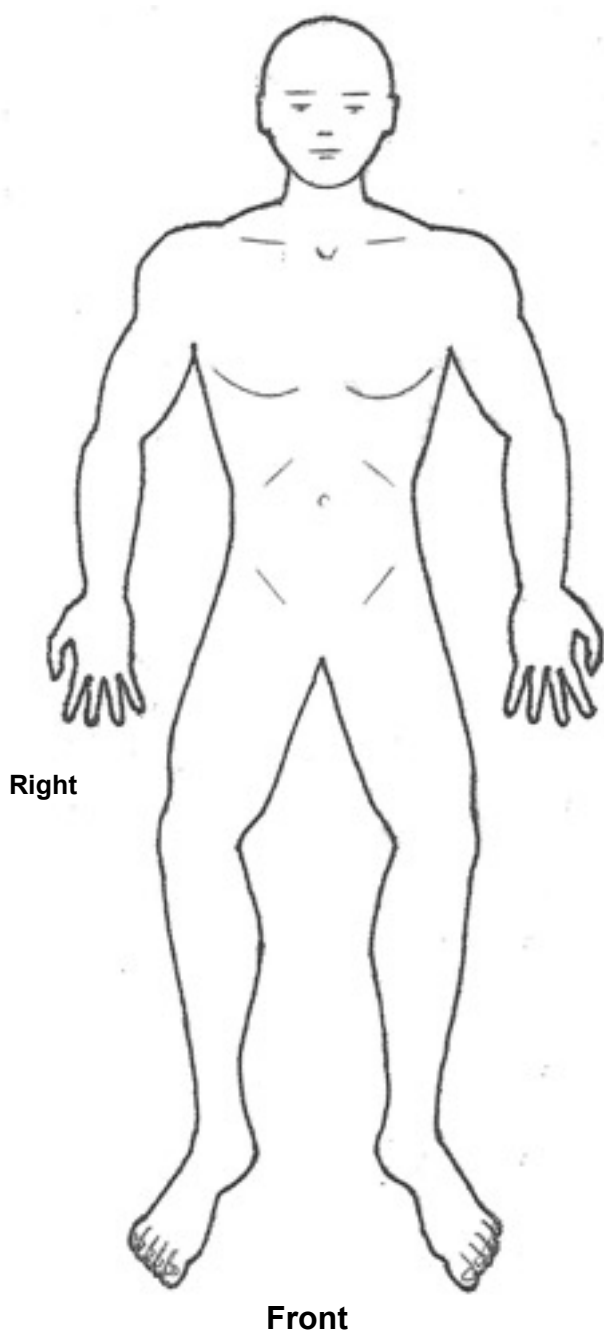
14. Other symptoms: limp popping grinding locking catching giving-way dislocation swelling stiffness weakness
lump bruising bleeding draining deformity numbness rash other: _____

15. Treatments already done: emergency-room urgent-care saw Dr. _____ physical-therapy brace cast crutches
sling chiropractic injection medication surgery other: _____

16. Tests already done: X-rays MRI ultrasound NCV/EMG(nerve test) CT scan other: _____

17. Describe any previous injury or problem involving this same body area: _____

18. Areas to which the symptoms spread: shoulder upper-arm elbow forearm wrist hand finger thumb
hip thigh knee leg ankle foot toe neck upper-back lower-back



Mark the figures above to indicate the location of your symptoms (for one body area only).
Use the following symbols to indicate the type of pain you are experiencing:

Sharp Pain: ^

Dull Pain: =

Burning pain: ~

Tingling or numbness: o

Other: X (specify _____)