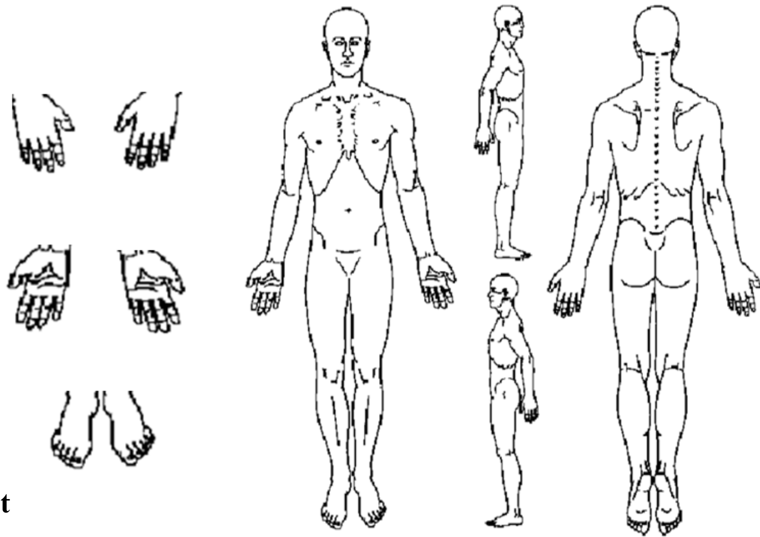
PATIENT CONDITION REPORT

KAISER CHIROPRACTIC, S.C.

Patient Name: ______________________________ File#: ______________ Date: _____/_____/_____

Please **SHADE ALL** areas where you are currently experiencing discomfort/pain.



What is your main concern?:______________________________

Answer the following questions ONLY about your main concern.

When did it start? ______________________________

How would you rate your discomfort?

Extremely Painful 0 1 2 3 4 5 6 7 8 9 10 **No Discomfort**

What's the worst it has been in the last two weeks?

Extremely Painful 0 1 2 3 4 5 6 7 8 9 10 **No Discomfort**

What caused this? Car Accident Work-related Injury Trauma/Fall Chronic Overuse Stress Unknown

Please give a brief description of how you think this may have started: ______________________________

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Did it begin: Suddenly or Gradually? The pain is: Constant Aggravated by Activity Comes and Goes (no particular time/reason)

Since the onset, has it been (Circle one): Better Worse Staying the same Symptoms are worse: Morning Daytime Evening Night

The pain is: Constant (100% of the time) Aggravated by Activity Comes and Goes (no particular time/reason)

Please describe your symptoms: (Circle all that apply)

Dull Sharp Gnawing Burn Ache Throb Numb Tingle Pins/Needles Cramp Stiff Sore Tight Weak Shooting

Please describe the radiation: (Circle all that apply)

Dull Sharp Gnawing Burn Ache Throb Numb Tingle Pins/Needles Cramp Stiff Sore Tight Weak Shooting

How have you tried to alleviate the discomfort? And did it help? (B=Better, W=Worse, N=No Change) (Circle all that apply)

Ice: B / W/ N Heat: B / W/ N Stretching: B / W/ N Exercise: B / W/ N Prescription(s): B / W/ N

Physical Therapy: B / W/ N Chiropractic: B / W/ N Other: ______________________ B / W/ N

Any changes in bodily function or bathroom habits? Y / N

Have you seen other doctor(s) for this condition? Y / N

Please list doctor(s):______________________________

When was the last time you saw a chiropractor? ______________________________

If there is anything else you feel is important for us to know, please explain:

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