

Patient Name _____

Cell Phone: _____

Date: _____

Address: _____

Health Ins.: _____

EXISTING PATIENT PAIN PROFILE

Has there been any change in your medical, social, or family history? **NO / YES**

(Including serious illness, injury, accident and/or surgery) If **“yes”** please advise the front desk.

Primary Complaint: _____

When did your symptoms begin? Month _____ Day _____ Year _____

Did it begin: _____ Gradual _____ Sudden _____ Progressive over time

What makes the symptom(s) increase: _____

Type of Pain _____ Sharp _____ Dull _____ Ache _____ Burn _____ Throb

Does the Pain Radiate anywhere? Yes / No _____ Arm _____ Leg _____ Head

Do you experience Numbness or Tingling? _____ Yes _____ No

Height _____

Weight _____

By using the key below, indicate on the body diagram where you are experiencing the following symptoms:

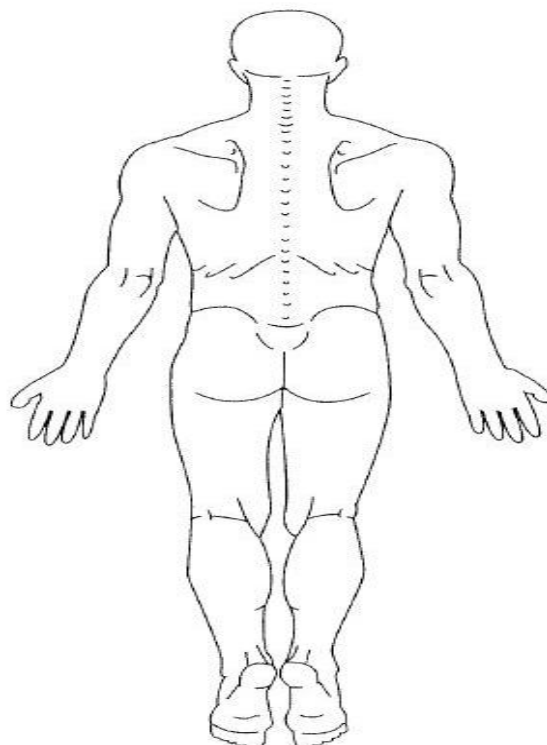
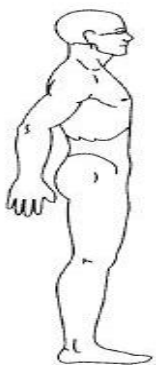
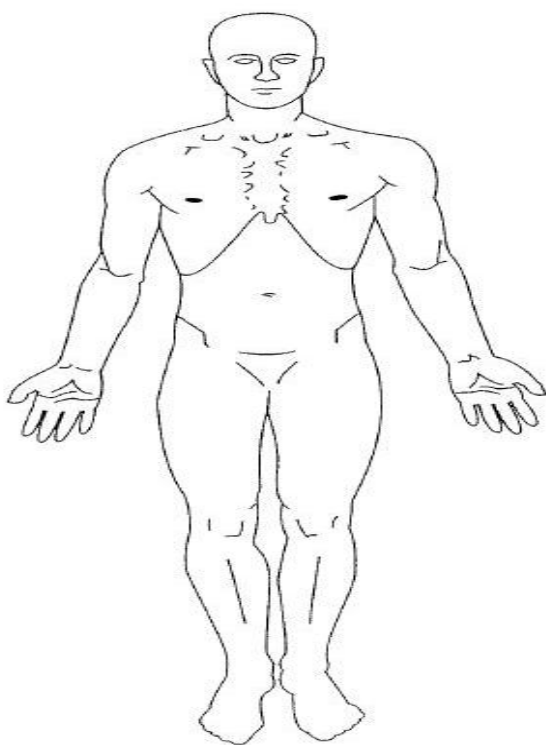
N=Numbness

B=Burning

S=Stabbing

T=Tingling

A=Dull Ache



Describe your symptom(s) pain - circle the intensity on a scale 1-10 (10 being the worst):

Head: 1 2 3 4 5 6 7 8 9 10

Neck: 1 2 3 4 5 6 7 8 9 10

Mid-Back: 1 2 3 4 5 6 7 8 9 10

Lower Back: 1 2 3 4 5 6 7 8 9 10

Other: _____ 1 2 3 4 5 6 7 8 9 10

How often do you experience your symptoms?

☐ Constantly (76-100% of the day)
 ☐ Frequently (51-75% of the day)
 ☐ Occasionally (26-50% of the day)
 ☐ Intermittently (0-25% of the day)

How are your symptoms changing?

☐ Improving
 ☐ Unchanged
 ☐ Getting worse

In general, are your symptom(s) better in: ☐ AM ☐ Midday ☐ PM

In general, are your symptom(s) Worse in: ☐ AM ☐ Midday ☐ PM

Do you have night pain unrelated to movement: ☐ Yes ☐ No

Do you have constant pain unrelated to movement: ☐ Yes ☐ No

My pain interferes with Daily Activities: Effects of Current Condition on Performance

Bending:	☐ 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
Climb Stairs:	☐ 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
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
Household Chores:	☐ 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–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
Sleep:	☐ 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
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

Occupational Activities: (Check one that best describes your job description)

☐ Administration	☐ Business Owner	☐ Clerical/Secretary	☐ Computer User
☐ Heavy Equipment operator	☐ Daycare/Childcare	☐ Construction	☐ Health Care
☐ Food Service Industry	☐ Medium Manual Labor	☐ Manufacturing	☐ Home Services
☐ Heavy Manual Labor	☐ Light Manual Labor	☐ Executive/Legal	☐ Housekeeper
☐ Other _____			

Condition's Effect On Job Performance
☐ No Effect
 ☐ Mild (painful can do)
 ☐ Moderate (painful limited ability)
 ☐ Moderate/Sever (limited duty)
 ☐ Sever (can not work)

Recreational Activity:

Exercise Routine: ☐ None ☐ Moderate (2 – 3 days per week) ☐ Daily ☐ Heavy

Effects of Current Condition on Performance:
☐ No Effect
 ☐ Mild Painful (Can do)
 ☐ Mod/Painful (limited)
 ☐ Sever/Unable to Perform

Patient Signature (or Guardian): _____ **Date:** _____

Print Name: _____

(12.5.2023)