

If you are experiencing symptoms in more than one location use second set of questions to describe. If you need addition paperwork for additional locations please let the receptions know.

Primary Location:

1. What is your major symptom? Blurred Vision Dizziness Headache Numbness Pain Soreness Stiffness Swelling Tingling Weakness Other _____

If pain, please describe if pain is: Sharp Dull Burning Stabbing Aching Tingling Other _____

- 2. Location of symptoms? _____
- 3. Are your symptoms Constant Frequent Intermittent Occasional Other _____
- 4. How long does it last? _____
- 5. When did these symptoms occur? _____
- 6. How did symptoms occur? Spontaneous Trauma _____ Other _____
- 7. Have you ever had the same or a similar condition ? _____ If so, when? _____
- 8. Has condition become worse recently? _____ If so, when? _____
- 9. What makes the problem worse? Exercise Laying Sitting Standing Walking Other _____
- 10. Is there anything you can do to alleviate the symptoms? Cold Heat Laying Meds Rest Other _____
- 11. Any treatments you have tried and gotten no response? Heat/Cold Muscle Relaxants Pain Relievers Exercise Surgery Other _____
- 12. Do you have any associated symptoms? Bladder Retention Bowel Constipation Cramps Tremors Unsteadiness Dizziness Other _____
- 13. Are you noticing any leg, arm pain, numbness, tingling, loss of coordination or strength? _____

Other Location:

1. What is your major symptom? Blurred Vision Dizziness Headache Numbness Pain Soreness Stiffness Swelling Tingling Weakness Other _____

If pain, please describe if pain is: Sharp Dull Burning Stabbing Aching Tingling Other _____

- 2. Location of symptoms? _____
- 3. Are your symptoms Constant Frequent Intermittent Occasional Other _____
- 4. How long does it last? _____
- 5. When did these symptoms occur? _____
- 6. How did symptoms occur? Spontaneous Trauma _____ Other _____
- 7. Have you ever had the same or a similar condition ? _____ If so, when? _____
- 8. Has condition become worse recently? _____ If so, when? _____
- 9. What makes the problem worse? Exercise Laying Sitting Standing Walking Other _____
- 10. Is there anything you can do to alleviate the symptoms? Cold Heat Laying Meds Rest Other _____
- 11. Any treatments you have tried and gotten no response? Heat/Cold Muscle Relaxants Pain Relievers Exercise Surgery Other _____
- 12. Do you have any associated symptoms? Bladder Retention Bowel Constipation Cramps Tremors Unsteadiness Dizziness Other _____
- 13. Are you noticing any leg, arm pain, numbness, tingling, loss of coordination or strength? _____

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