Patient Name: _____Date: _____202__

Please describe your symptoms/conditions using the outline below. Pick your symptoms/conditions by listing the most serious ones first. If you have more than two problems you can list them at the bottom according to severity. Dr. Falentin will address them in the future.

1st Condition/Symptom

Describe your symptom: _____When did it start: _____

How did it start: _____

How often do you experience your symptom?

① **constantly** (76-100% of the day)

② **Frequently** (51-75% of the day)

③ **Intermittently** (26-50% of the day)

④ **Occasionally** (0-25% of the day)

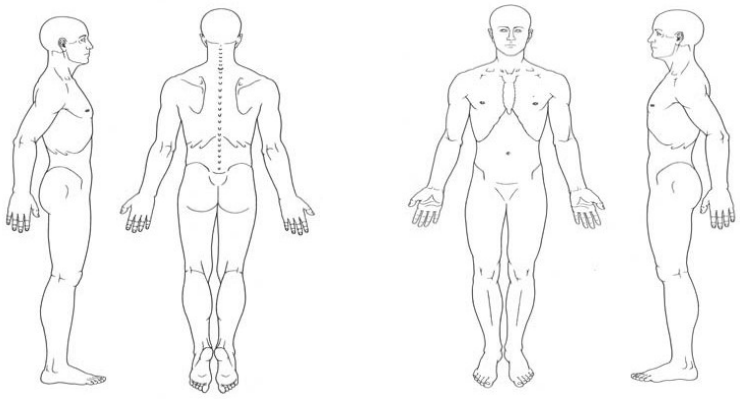
Describe the nature of your symptom:

① **Sharp** ② **Dull ache** ③ **Numb**

④ **Shooting** ⑤ **Burning** ⑥ **Tingling**

How is your symptom changing?

① **Getting better** ② **Not changing** ③ **Getting worse**



Choose your least and your worst pain rating: O 1 2 3 4 5 6 7 8 9 10

Choose your pain at this moment: O 1 2 3 4 5 6 7 8 9 10

How much has pain interfered with work? 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely

How much is your condition interfering with your social activities? 1 2 3 4 5

2nd Condition/Symptom

Describe your symptom: _____When did it start: _____

How did it start: _____

How often do you experience your symptom?

① **constantly** (76-100% of the day)

② **Frequently** (51-75% of the day)

③ **Intermittently** (26-50% of the day)

④ **Occasionally** (0-25% of the day)

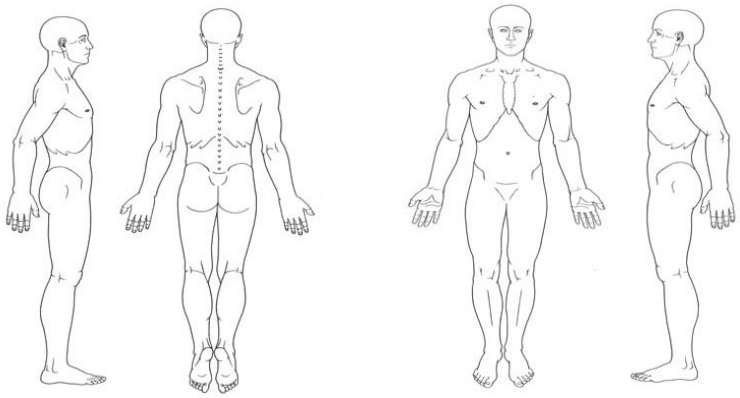
Describe the nature of your symptom:

① **Sharp** ② **Dull ache** ③ **Numb**

④ **Shooting** ⑤ **Burning** ⑥ **Tingling**

How is your symptom changing?

① **Getting better** ② **Not changing** ③ **Getting worse**



Choose your least and your worst pain rating: O 1 2 3 4 5 6 7 8 9 10

Choose your pain at this moment: O 1 2 3 4 5 6 7 8 9 10

How much has pain interfered with work? 1 Not at all 2 A little bit 3 Moderately 4 Quite a bit 5 Extremely

How much is your condition interfering with your social activities? 1 2 3 4 5

3rd Condition/Symptom: _____

4th Condition/Symptom: _____

Staff Only:	**eRX**	**eRX Update**	**Vitals**	**Transfer Vitals (new case)**	**Need Meds Info**

Patient Name: _____Date: _____202__

1st Condition/Symptom

Whom have you seen for your symptoms: **NO one Chiropractor MD Physical Therapist Specialist**
What tests have you had for your symptoms: **X-RAYS CT SCAN MRI OTHER**:_____
Do you consider your problem to be severe? **Yes Yes, at times No**
What concerns you most about your condition? _____
_____
What does it prevent you from doing? _____
_____
What alleviates your problem or gives you relief? _____
_____
Have you had similar problems in the past? **YES NO** *Who did you see and when?* _____
_____

2nd Condition/Symptom

Whom have you seen for your symptoms: **NO one Chiropractor MD Physical Therapist Specialist**
What tests have you had for your symptoms: **X-RAYS CT SCAN MRI OTHER**:_____
Do you consider your problem to be severe? **Yes Yes, at times No**
What concerns you most about your condition? _____
_____
What does it prevent you from doing? _____
_____
What alleviates your problem or gives you relief? _____
_____
Have you had similar problems in the past? **YES NO** *Who did you see and when?* _____
_____

List your height ___ ft____ in weight _____ smoker: yes no former BP: _____/_____

Are you allergic to any medications: _____
_____

List all your prescription medications (and dosages per day), over the counter medications, supplements and vitamins:
_____
_____
_____
_____
_____

Indicate any procedures and surgeries you had since your last visit in our office: _____
_____
_____

In general would you say your overall health right now is: Excellent Very good Good Fair Poor

What is your occupation?

Professional executive	White Collar/Secretarial	Tradesperson	Laborer
Homemaker	FT Student	Retired	Other:_____

If you are not retired, a homemaker, or a student, what is your current work status? Circle
Full-time Self-employed Unemployed Off work Part-time Other