

Musculoskeletal Symptom Form

Name		Home#	Work#
Street		Age	Ht.
City		Birthdate	Sex
State	Zip	Occupation:	
Physician:		Referred By:	
Main Problem:			Onset:

Past Medical History: *Significant Illnesses:* Diabetes-High Blood Pressure-Heart Disease-Thyroid Disease-Other.

Surgeries: _____

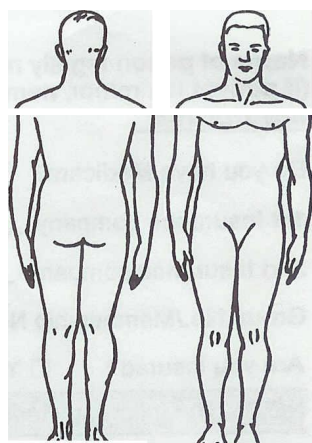
Significant Trauma (auto accidents, falls, etc.) _____

Allergies: drugs, chemicals, foods _____

Medicines taken within the last two months (include vitamins, drugs, herbs, etc.) _____

SYMPTOMS

- | | | | |
|---|---|---|--|
| <p>HEAD:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Headache <input type="checkbox"/> entire head <input type="checkbox"/> back of head <input type="checkbox"/> forehead <input type="checkbox"/> temples <input type="checkbox"/> migraine <input type="checkbox"/> Head feels heavy <input type="checkbox"/> Loss of memory <input type="checkbox"/> Dizziness <input type="checkbox"/> Fainting <input type="checkbox"/> Light bothers eyes <input type="checkbox"/> Loss of balance <input type="checkbox"/> Loss of hearing <input type="checkbox"/> Pain in ears <input type="checkbox"/> Ringing in ears | <p>LOW BACK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Low back pain Low back pain is worse when: <ul style="list-style-type: none"> <input type="checkbox"/> working <input type="checkbox"/> lifting <input type="checkbox"/> sitting <input type="checkbox"/> standing <input type="checkbox"/> lying down <input type="checkbox"/> Pinched nerve in low back <input type="checkbox"/> Slipped disc <input type="checkbox"/> Arthritis <input type="checkbox"/> Loss of taste | <p>SHOULDERS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain In shoulder joint (R-L) <input type="checkbox"/> Pain across shoulders <input type="checkbox"/> Bursitis (R-L) <input type="checkbox"/> Arthritis (R-L) <input type="checkbox"/> Can't raise arm <ul style="list-style-type: none"> <input type="checkbox"/> above shoulder level <input type="checkbox"/> over head <input type="checkbox"/> Tension in shoulders <input type="checkbox"/> Pinched nerve in shoulder <input type="checkbox"/> Muscle spasms in shoulders | <p>HIPS, LEGS & FEET:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain in buttocks (R-L) <input type="checkbox"/> Pain in hip joint (R-L) <input type="checkbox"/> Pain down leg (R-L) <input type="checkbox"/> Pain down both legs <input type="checkbox"/> Leg cramps <input type="checkbox"/> Pins & needles in legs (R-L) <input type="checkbox"/> Numbness of leg (R-L) <input type="checkbox"/> Numbness of feet (R-L) <input type="checkbox"/> Numbness of toes <input type="checkbox"/> Feet feel cold <input type="checkbox"/> Cramps in feet (R-L) <input type="checkbox"/> Swollen ankles (R-L) <input type="checkbox"/> Painful joints in toes <input type="checkbox"/> Pain in foot (R-L) <input type="checkbox"/> Pain in knee (R-L) |
| <p>NECK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain in neck <input type="checkbox"/> Neck pain with movement <input type="checkbox"/> Pinched nerve in neck <input type="checkbox"/> Loss of grip strength <input type="checkbox"/> Stiff neck <input type="checkbox"/> Muscle spasms in neck | <p>MID-BACK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mid-back pain <input type="checkbox"/> Pain between shoulder blades <input type="checkbox"/> Stabbing pain in mid-back <input type="checkbox"/> Muscle Spasms | <p>ARMS & HANDS:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Pain in upper arm <input type="checkbox"/> Pain in forearm <input type="checkbox"/> Pain in hands <input type="checkbox"/> Pain in fingers <input type="checkbox"/> Pinched nerve In arm <input type="checkbox"/> Pinched nerve in fingers <input type="checkbox"/> Sensation of pins & needles in arms <input type="checkbox"/> Sensation of pins & needles in fingers <input type="checkbox"/> Fingers go cold <input type="checkbox"/> Swollen joints in fingers <input type="checkbox"/> Sore joints in fingers <input type="checkbox"/> Arthritis in fingers | |



Mark Areas of Pain

Have You had X-Rays or MRI? When? _____ What Areas? _____