

Smith Chiropractic LLC
10 Duff Rd STE 100
Pittsburgh, PA 15235

Chief Complaint – HPI (History of Present Illness)

Patient Name: _____ Case: _____ Date: _____ Dr: _____

Chief Complaint: _____

Body Area(s) Involved: Cervical Spine, Ribs, Pelvis Upper Extremity Lower Extremity

Condition: New → Acute or Chronic
 Recurrence (Acute) Exacerbation (Acute) Chronic

Mechanism of Onset:
 Auto: Driver/Passenger Pedestrian (refer to completed auto accident history form)
 Work Related: Fall Falling Object Lifting Overexertion Repetitive Motion Other: _____
 Other – Liability: Slip or Fall Other: _____
 Other – No Liability: Etiology Unknown Overexertion Repetitive Use Slept Wrong Slip or Fall
 No Injury

Description of Onset of Complaint: _____

Current Symptoms: Pain Numbness Stiffness Weakness

Location: Left / Right / Bilateral _____

Quality: Burning Diffuse Dull/Aching Localized Radiating Sharp Shooting
 Stabbing Throbbing Tightness Tingling, Other _____

Level of Impairment Due to Symptoms (Resting):
0 1 2 3 4 5 6 7 8 9 10

Level of Impairment Due to Symptoms (With Activity):
0 1 2 3 4 5 6 7 8 9 10

Duration: Started: _____
Last Occurred: _____ Last episode: _____ Resolved Previous Visit: _____
Worsened: _____ Injury Occurred: _____ Accident Occurred: _____

Timing: Worse: Morning Afternoon Night with Activity; Constant Intermittent

Context: Better with: Warm Temp Cold Temp Worse with: Warm Temp Cold Temp Damp

Assoc Signs and Symptoms: Blurred Vision Depression Dizziness Irritability/Mood Swing
 Localized Tingling Nausea Ringing in Ears Sleep Disturbance Stiffness

Headaches: Location: Occipital Frontal Left Temporal Right Temporal Parietal Sinus
Quality: Dull Sharp Throbbing Stabbing Aura No Aura
Types: Hat Band Cluster Migraine Tension
Other: (frequency/duration/time of day) _____

Radiation: Left / Right / Bilateral _____

Weakness: Left / Right / Bilateral _____

Other Assoc Signs and Symptoms:
 aches burning cold limb(s) difficulty walking dizziness
 ecchymosis chronic fatigue fever heartburn joint stiffness
 muscle spasm muscle weakness nausea numbness pale bluish skin
 panic pins & needles rhinorrhea (runny nose) shortness of breath sweating
 swelling tingling vomiting

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Modifying Factors:

- Symptoms Better With: nothing helps activity bending applying cold applying heat
 massage movement OTC meds Rx meds rest
 stretching sitting standing twisting walking

Symptoms Worse With: (as noted in Social History)

Since condition began, has anything permanently helped you? YES NO

Has anything that you have done, thus far, fixed you problem? YES NO

Employment:

Occupation/Job Title: _____ Work: _____ hrs / day or week

Description of Work: _____

Job Classification: Sedentary (<5lbs) Light (5-20lbs) Moderate (20-50lbs) Heavy (>50 lbs)

Lifting Frequency: Constant (67-100%/day) Frequent (33-66%/day) Occasional (0-32%/day)

Lifting Postures: with Arms High Near from Knee Off Posture from Torso

Work Activity Postures: (hrs/day)

- bending: _____ h/d climbing: _____ h/d kneeling: _____ h/d pulling: _____ h/d pushing: _____ h/d
 reaching: _____ h/d sitting: _____ h/d standing: _____ h/d twisting: _____ h/d walking: _____ h/d

Repetitive Activities: (hrs/day)

- assembly/fine manipulation: _____ h/d computer use/typing: _____ h/d grasping: _____ h/d
 hand tool use: _____ h/d operation of machinery controls: _____ h/d phone use: _____ h/d

Condition's Effect On Job Performance:

- Mild Painful (Can do) Mod Painful (limited ability) Mod/Sev Limited Duty Sev No Limited Duty Sev (can't do limited duty)

Daily Activities: Effects of Current Condition on Performance

- Bending: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
 Care -Infirm Family: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
 Carrying Groceries: 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
 Climb Stairs: 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
 Feeding: 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
 Kneeling: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
 Lift Children: 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
 Pet Care: 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: 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
 Self Care-Shaving: No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform
 Sexual Activities: 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
 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

Recreational Activity: Effects of Current Condition on Performance

- _____
 No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform

 No Effect Mild Painful (Can do) Mod Painful (Limited) Sev Unable to Perform