

Name: _____ Date: _____

Social Security # _____

Employer: _____

Job Title: _____

History of Present Illness or Injury:

1. Injury Date _____ Time: _____

When did you first notice the symptoms: _____

When did you report this injury or illness to your employer: _____

2. Did the symptoms come on suddenly or did they develop slowly?

Check one: Suddenly Gradually

3. Describe how the injury occurred and what you were doing when it occurred:

4. How long have you worked at this job? _____

5. What is the location of your symptoms? Please use the drawing on the reverse side to indicate location and description of symptoms: _____

6. What words best describe your symptoms?

Circle any that apply: Aching Sharp Dull Constant Comes & goes

7. Do activities or treatments make the symptoms worse? yes no

8. Describe any treatments you may have used and whether they helped

9. Describe any difficulties you are having with activities at home or at work:

10. Have you ever had a similar problem in the past? yes no

11. Have you seen other health care practitioners for this problem? yes no

If yes, where _____

Using the symbols given below, mark the areas on your body where you feel the described sensations. Include all areas:

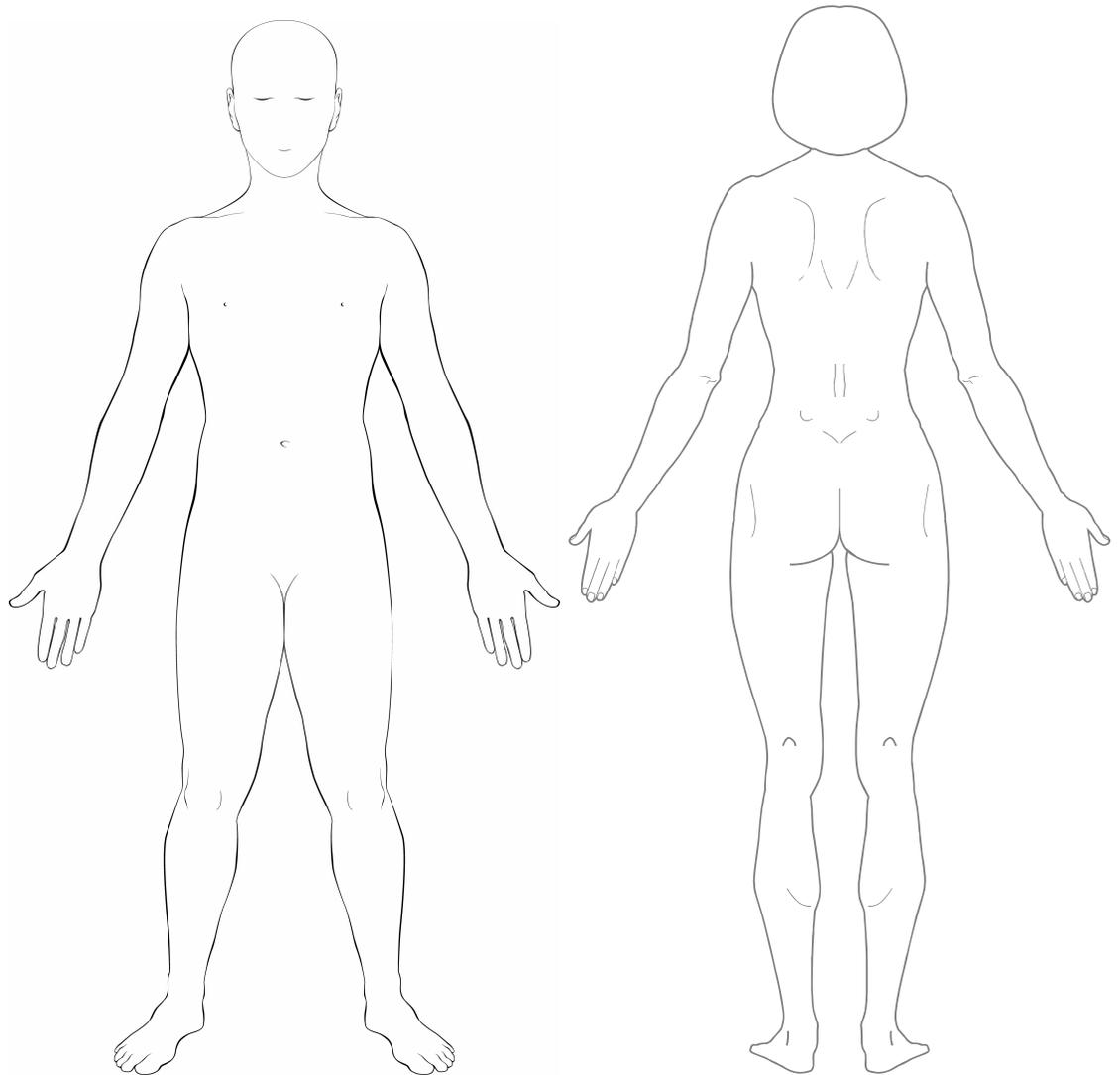
Aching
###

Numbness

Pins & Needles
OOOOO

Burning
XXX

Stabbing/Other
/////



FRONT

BACK

Intensity of Pain: (Circle appropriate number)

- 0 I feel well and I am able to carry out all my usual activities. I do not take medication
- 1-2 The pain is annoying but it does not prevent me from carrying out my daily activities. The pain does not interfere and only requires only occasional medication. I do not use narcotic medication for this pain.
- 3-4 I can tolerate this pain but it prevents me from carrying out some of my normal daily activities. Sometimes the pain interferes with sleep. I use medication regularly for this. I may have used narcotic medication occasionally.
- 5-6 The pain causes me substantial difficulty in carrying out a number of my normal daily activities. Although the pain is tolerable it interferes with my sleep. My recreation and socialization are severely limited because of the pain. This pain requires regular medication and I often use narcotics to control it.
- 7-8 This pain prevents me from carrying out almost all activities of daily living. My sleep is disrupted; recreation and socialization is impossible. I take narcotic medication regularly and may have had shots, but even then my pain is not under complete control. It may have caused episodes of sweating, rapid heart rate and difficulty breathing.
- 9-10 My pain prevents me from doing anything. I have used narcotics and received invasive treatments (shots or infusions) for my pain. I have been hospitalized for this pain. This pain causes sweating, rapid heart rate and difficulty breathing.

The number above that would describe my average pain for this condition is _____

The number that would describe my worst pain for this condition is _____