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):**

<table>
<thead>
<tr>
<th>Level</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Level of Impairment Due to Symptoms (With Activity):**

<table>
<thead>
<tr>
<th>Level</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**Duration:**

- Started: __________
- Last Occurred: __________
- Worsened: __________
- Last episode: __________
- Injury Occurred: __________
- Resolved Previous Visit: __________
- Accident Occurred: __________

**Timing:**

- Worse: □ Morning □ Afternoon □ Night □ with Activity; □ Constant □ Intermittent
- Better with: □ Warm Temp □ Cold Temp
- Worse with: □ Warm Temp □ Cold Temp □ Damp

**Context:**

**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
### 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)

### Daily Activities: Effects of Current Condition on Performance

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Effect</th>
<th>Unable to Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bending</td>
<td>1/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Care –Infirm Family</td>
<td>3/10</td>
<td>0/10</td>
</tr>
<tr>
<td>Carrying Groceries</td>
<td>6/10</td>
<td>3/10</td>
</tr>
<tr>
<td>Change Posn–Sit-Stand</td>
<td>7/10</td>
<td>2/10</td>
</tr>
<tr>
<td>Climb Stairs</td>
<td>9/10</td>
<td>9/10</td>
</tr>
<tr>
<td>Driving</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Extended Computer Use</td>
<td>0/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Feeding</td>
<td>3/10</td>
<td>0/10</td>
</tr>
<tr>
<td>Household Chores</td>
<td>7/10</td>
<td>3/10</td>
</tr>
<tr>
<td>Kneeling</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Lift Children</td>
<td>3/10</td>
<td>0/10</td>
</tr>
<tr>
<td>Lifting</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Pet Care</td>
<td>0/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Reading (Concentration)</td>
<td>0/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Self Care</td>
<td>3/10</td>
<td>0/10</td>
</tr>
<tr>
<td>Self Care–Bathing</td>
<td>7/10</td>
<td>2/10</td>
</tr>
<tr>
<td>Self Care–Dressing</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Self Care–Shaving</td>
<td>3/10</td>
<td>0/10</td>
</tr>
<tr>
<td>Sexual Activities</td>
<td>7/10</td>
<td>3/10</td>
</tr>
<tr>
<td>Sleep</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Static Sitting</td>
<td>0/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Static Standing</td>
<td>0/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Walking</td>
<td>10/10</td>
<td>10/10</td>
</tr>
<tr>
<td>Yard Work</td>
<td>0/10</td>
<td>10/10</td>
</tr>
</tbody>
</table>

### Employment:

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

#### Description of Work: ____________________________

<table>
<thead>
<tr>
<th>Job Classification:</th>
<th>Sedentary (&lt;5lbs)</th>
<th>Light (5-20lbs)</th>
<th>Moderate (20-50lbs)</th>
<th>Heavy (&gt;50 lbs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifting Frequency:</td>
<td>Constant (67-100%/day)</td>
<td>Frequent (33-66%/day)</td>
<td>Occasional (0-32%/day)</td>
<td></td>
</tr>
<tr>
<td>Lifting Postures:</td>
<td>with Arms</td>
<td>High Near</td>
<td>from Knee</td>
<td>Off Posture</td>
</tr>
</tbody>
</table>

#### 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)

### Recreational Activity: Effects of Current Condition on Performance

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Effect</th>
<th>Mild Painful (Can do)</th>
<th>Mod Painful (Limited)</th>
<th>Sev Unable to Perform</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0/10</td>
<td>10/10</td>
<td>10/10</td>
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