



340 Broadway, Suite 1,
Saratoga Springs, NY, 12866

Patient Name: _____ **D.O.B.:** ____/____/____ **Age:** ____ **Date:** ____/____/____

HPI: Circle the number that best describes your pain at its **worst** in the last month or since your last visit:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Circle the number that best describes your pain at its **least** in the last month or since your last visit:

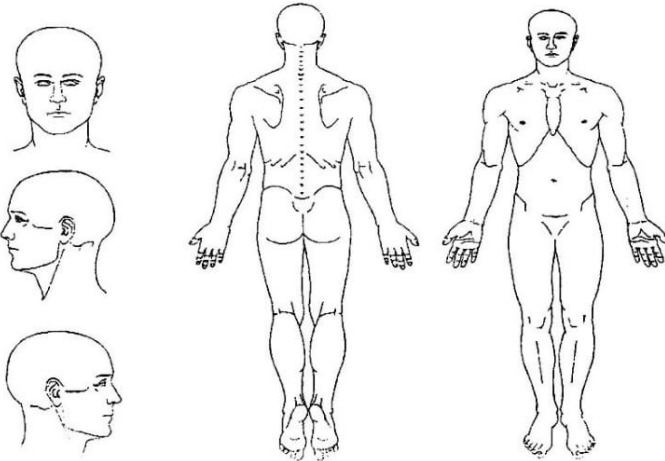
No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Circle the number that best describes your pain **right now**:

No Pain 0 1 2 3 4 5 6 7 8 9 10 Worst Pain Imaginable

Overall, since your last visit, are your symptoms (circle answer): Improved Unchanged Worse

On the diagram below, **shade** the areas where you feel pain.
Mark an "X" over the area(s) with the worst pain.



Circle the words that best describe your pain:

Aching	Shooting
Sharp	Stabbing
Penetrating	Intermittent
Continuous	Gnawing
Tiring	Burning
Tender	Throbbing
Nagging	Exhausting
Tingling	Numb
Miserable	Unbearable

What makes your pain **better**?

What makes your pain **worse**?

ROS: How much has your pain interfered with your normal activity (**circle one**)? Not at all A little bit Quite a bit Severely

How would you describe your sleep habits (**circle one**)? Excellent Good Fair Poor

Have you noticed any of the following (**circle one for each question**):

If "Yes", please explain below:

Changes in bowel or bladder function (control)? Yes No

Swelling in joints? Yes No

Numbness or tingling in the arms or legs? Yes No

Changes in strength in the arms or legs? Yes No

PFSH: Do you use tobacco products? Yes No

What have you been doing for exercise? _____ Minutes ____ Sessions/Week ____

What else are you doing to help your symptoms? _____

What treatments have you had in the past month or since your last visit (**circle all that apply**)?

Osteopathic Manipulation Chiropractic Physical Therapy Massage Therapy Acupuncture TENS Injections Surgery

Please list ALL prescription or over-the-counter medications, supplements and/or herbal remedies you are currently taking:

Effective date as of: March 16th, 2020