

## Care Chiropractic, PA HPI

Below are boxes to list each of the main complaints you want the doctor to address. Answer each of the questions as clearly as possible. If additional space is needed for any answer or you have more complaints, then comment in the space below.

	Complaint 1	Complaint 2	Complaint 3
List complaints			
Describe what it feels like			
When did this complaint begin			
Over the years, how many times have you had this?	1 to 3 - 4 to 10 10 or more	1 to 3 - 4 to 10 10 or more	1 to 3 - 4 to 10 10 or more
How often are you feeling this?			
How long do episodes last?			
How intense – mild, moderate, severe			
When is it the worse? (activity, night, day)			
Does the pain wake you from deep sleep?			
When does it feel better?			
Does rest help to relieve your pain?			

**Answer the following questions:**

**Have you lost weight unexpectedly in the past months or year?**

Yes No

**If yes, have you been trying to lost weight?**

Yes No

**Have you been losing bowel and bladder control?**

Yes No

**If yes, is this a new or long standing problem?**

New Long standing

**Have you developed weakness of the arms, legs and hands?**

Yes    No

**If yes, is the weakness due to pain?**

Yes    No

**Additional Comments:**

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**Patient Signature:** \_\_\_\_\_