

Name \_\_\_\_\_  
Date \_\_\_\_\_

MR# \_\_\_\_\_  
\_\_\_\_\_ Female \_\_\_\_\_ Male

**HEADACHE:** No complaint of headache today. (noh)

Forehead	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
Back of head	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
Side of head	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
Top of head	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
Into eyes	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
From the neck	R	L	Pressure	Dull	Sharp	Throb	0	_____	10
Migraine	_____								

**Do you have:** \_\_\_\_\_ **I have none of the following** (none)

Nausea / vomiting	Y	N	_____
Blind spots / that twinkle	Y	N	_____
Visual changes	Y	N	_____
Diarrhea / constipation	Y	N	_____
Dizzy / woozy / fainting	Y	N	_____
Unusually hot / cold	Y	N	_____
Chest pains / short breath	Y	N	_____
Bowel / bladder control problem	Y	N	_____

**Headache is made worse with:**

Heat  
Motion  
Noise  
Light  
Food  
Other \_\_\_\_\_

**Headache is made better with :** (52)

Cold / Heat  
Massage  
Rest  
Adjustments  
Eating  
Medications

**Onset:** When did headache begin \_\_\_\_\_

**How well can you function with your headache today?** (74)

- A. I have 100% function with usual activities
  - B. I can do 75% of usual activities
  - C. I can do 50% of usual activities.
  - D. I can do 25% of usual activities.
  - E. I cannot function.
-

**NECK PAIN or Condition: No complaint of neck, arm, or hand pain today. (non)**

---

**Describe** your neck complaint / pain.

Base of skull	R	L	Sharp	Dull	Numb	Tingles	Stiff	0	_____	10
Back of neck	R	L	Sharp	Dull	Numb	Tingle	Stiff	0	_____	10
Front of neck	R	L	Sharp	Dull	Numb	Tingle	Stiff	0	_____	10
Sides of neck	R	L	Sharp	Dull	Numb	Tingle	Stiff	0	_____	10

\_\_\_Pain **does not** go into the shoulders, arms, or hands. (72)

**Pain goes into my:**

R	L	Upper back	described as:	Tingling	Numbing	Burning	Weak	Deep
R	L	Shoulder	described as:	Tingling	Numbness	Burning	Weak	Deep
R	L	Arm	described as:	Tingling	Numbness	Burning	Weak	Deep
R	L	Forearm	described as:	Tingling	Numbness	Burning	Weak	Deep
R	L	Hand	described as:	Tingling	Numbness	Burning	Weak	Deep
R	L	Fingers	described as:	Tingling	Numbness	Burning	Weak	Deep

Notes \_\_\_\_\_

Neck pain is made **worse** with:

Motion

Massage / Adjustments

Coughing / sneezing / straining

Certain positions

Exercise / stretching

Other \_\_\_\_\_

Neck pain is **better** with: (59)

Cold / Heat

Massage / Adjustments

Rest

Exercise / stretching

Certain positions

Medications \_\_\_\_\_

**Neck pain is:**

Intermittent (comes / goes)

Constant

**How well can you function with your neck pain today? (75)**

A. I have full function / 100% of usual activities

B. I can do 75 % of usual activities

C. I can do 50% of usual activities

D. I can do 25% of usual activities

E. I can't function.

**LOWER BACK PAIN: No Lower back / mid back pain today (no)**

Location	Quality					Intensity			
Centrally	R	L	Sharp	Dull	Stiff	Numb	Tingle	0	10
Side	R	L	Sharp	Dull	Stiff	Numb	Tingle	0	10
Buttock	R	L	Sharp	Dull	Stiff	Numb	Tingle	0	10
Other	_____								

\_\_\_Pain **does not** go into my buttocks, thighs, legs, calves, feet, or toes. (73)

**Associated factor.**

**Pain does go into my:**

R	L	Buttock	described as:	Sharp	Dull	Shooting	Tingle	Numbness			
R	L	Thigh	described as:	Sharp	Dull	Shooting	Tingle	Numbness			
R	L	Knee	described as:	Sharp	Dull	Shooting	Tingle	Numbness			
R	L	Leg / Calf	described as:	Sharp	Dull	Shooting	Tingle	Numbness			
R	L	Foot	described as:	Sharp	Dull	Shooting	Tingle	Numbness			
R	Toes #1	big toe	2	3	4	5	L Toes #1	2	3	4	5 (small toe)

**Provocative**

Lower back pain is **worse with:**

Coughing / sneezing / straining

Bending forward

Bending back

Side bending R L

Laying on back / Stomach

Other \_\_\_\_\_

Nothing increases or decreases pain

**Palliative (63)**

Lower back pain is **better with:**

Ice / coldness

Exercise

Massage / Adjustments

Rest

Certain positions \_\_\_\_\_

Medications \_\_\_\_\_

Nothing helps

Pain is : Intermittent ( comes and goes)

Constant

**How well can you function with your lower back pain today: (76)**

- A. No problem with 100% ability to function.
- B. I can do 75 % of my usual activities.
- C. I can do 50% of my usual activities.
- D. I can do 25% of my usual activities.
- E. I cannot function.