EXISTING PATIENT - NEW PROBLEM FORM

NAME:	DATE:
BODY AREAS INVOLVED: (PLEASE CIRCLE ON GRAPH) Control of the co	FRONT HEAD BACK NECK SHOULDER UPPER BACK MID BACK LOWER BACK LOWER BACK LEG KNEE ANKLE
CONDITION: ACUTE (SIX WEEKS OR LESS) CHRONIC (SIX WEEKS OR MORI	E) RECURRENCE (ACUTE) EXACERBATION (ACUTE)
HOW DID INJURY OCCUR: AUTO WORK INJURY OVEREXERTION OVEREXERTION NO INJURY UNKNOWN	ON SLIP/FALL SLEPT WRONG LIFTING OWN REASON OTHER
CURRENT SYMPTOMS: PAIN NUMBNESS STIFFNESS WEA	akness Other
QUALITY: BURNING DIFFUSE DULL/ACHING LOCALIZED STABBING THROBBING TIGHTNESS TINGLING DO	TED RADIATING SHARP SHOOTING
LEVEL OF IMPAIRMENT DUE TO SYMPTOMS (RESTING): 0 1 2 3 4 5 (NO PAIN)	6 7 8 9 10 (EXTREME PAIN)
LEVEL OF IMPAIRMENT DUE TO SYMPTOMS (WITH ACTIVITY):	
0 1 2 3 4 5 (NO PAIN)	6 7 8 9 10 (EXTREME PAIN)
DURATION: STARTED: LAST OCCURED:	WORSENED:
INJURY / ACCIDENT OCCURED: TIMING: CONSTANT INTERMITTENT WORSE IN: MORNII	ng Afternoon Night W/Activity
ASSOCIATED SIGNS AND SYMPTOMS: BLURRED VISION DEPRESSION	DIZZINESS IRRITABILITY/MOOD SWINGS
□LOCALIZED TINGLING □NAUSEA □RINGING IN EARS □SLEEP D	isturbance Stiffness Headaches
RADIATING PAIN (ie. DOWN ARM(S) AND/OR LEG(S): LEFT / RIGHT / BOTH SIDES WEAKNESS: LEFT / RIGHT / BOTH SIDES DESCRIBE:	DESCRIBE:

DAILY ACTIVITIES: EFFECTS OF CURRENT CONDITION ON PERFORMANCE			
BENDING	NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITE	D) SEV (UNABLE TO PERFORM)	
CARRYING GROCERIES	NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITE	D) SEV (UNABLE TO PERFORM)	
CHANGE POSITION - SIT/STAND	NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITE	d) SEV (Unable to Perform)	
CLIMB STAIRS	\square NO EFFECT \square MILD PAINFUL (CAN DO) \square MOD PAINFUL (LIMITE	d) SEV (unable to perform)	
DRIVING	\square NO EFFECT \square MILD PAINFUL (CAN DO) \square MOD PAINFUL (LIMITE	d) SEV (unable to perform)	
EXTENDED COMPUTER USE	\square no effect $\ \square$ Mild Painful (Can do) $\ \square$ Mod Painful (Limite	d) SEV (UNABLE TO PERFORM)	
HOUSEHOLD CHORES	\square no effect $\ \square$ Mild Painful (Can do) $\ \square$ Mod Painful (Limite	d) SEV (UNABLE TO PERFORM)	
KNEELING	\square no effect $\ \square$ Mild Painful (Can Do) $\ \square$ Mod Painful (Limite	d) SEV (Unable to Perform)	
LIFTING CHILDREN	\square no effect $\ \square$ Mild Painful (Can Do) $\ \square$ Mod Painful (Limite	d) SEV (Unable to Perform)	
LIFTING	\square no effect $\ \square$ mild painful (Can Do) $\ \square$ mod painful (Limite	d) SEV (UNABLE TO PERFORM)	
READING (CONCENTRATION)	\square no effect $\ \square$ mild painful (Can Do) $\ \square$ mod painful (Limite	d) SEV (unable to perform)	
SELF-CARE (BATHING, DRESSING, SHAVING)	\square no effect $\ \square$ Mild Painful (Can Do) $\ \square$ Mod Painful (Limite	d) SEV (UNABLE TO PERFORM)	
SLEEP	\square no effect $\ \square$ Mild Painful (Can Do) $\ \square$ Mod Painful (Limite	d) SEV (UNABLE TO PERFORM)	
STATIC SITTING	\square no effect $\ \square$ Mild Painful (Can Do) $\ \square$ Mod Painful (Limite	d) SEV (Unable to Perform)	
STATIC STANDING	\square no effect $\ \square$ Mild Painful (Can do) $\ \square$ Mod Painful (Limite	d) SEV (Unable to Perform)	
WALKING	\square no effect $\ \square$ Mild Painful (Can do) $\ \square$ Mod Painful (Limite	d) SEV (unable to perform)	
YARD WORK	\square no effect $\ \square$ mild painful (Can Do) $\ \square$ mod painful (Limite	d) SEV (UNABLE TO PERFORM)	
EMPLOYMENT: CONDITION'S EFFECT ON JOB PERFORMANCE NO EFFECT MILD PAINFUL (CAN DO) MOD PAINFUL (LIMITED) SEV (UNABLE TO PERFORM)			
RECREATIONAL ACTIVITY: EFFECTS OF CURRENT CONDITION ON PERFORMANCE			
ANY NEW HEALTH PROBLEM(S) AND/OR SURGERIES SINCE YOUR LAST VISIT? IF YES, PLEASE EXPLAIN:			
PLEASE UPDATE ANY CHANGES TO YOUR CONTACT INFORMATION BELOW:			
NAME:			
ADDRESS:			
CITY:	STATE: ZIP CO	DDE:	
HOME PHONE:	MOBILE: WORK	(:	
ADDITIONAL NOTES:			
FND			