

COMPLAINT INFORMATION

Date: _____

Patient No: _____

History of Current Condition

Major Complaint: _____

Secondary Complaint: _____

When and How this began? _____

Intensity of Pain/Complaint: None (0) / Mild (1-2) / Mild-Mod (2-4) / Moderate (4-6) / Mod-Severe (6-8) / Severe (8-10)

Quality of pain: Sharp / Stabbing / Burning / Achy / Dull / Stiff & Sore

How frequent is the complaint? Off & On / Constant

Does the complaint radiate? No / Yes (Describe) _____

Head - Base of Skull / Forehead / Temple L / R / Both Leg - Hip / Thigh-Knee / Calf / Toes L / R / B

Arm - Across Shoulder / Elbow / Hand-Fingers L / R / Both Other Area: _____

What makes it Better? Ice / Heat / Rest / Movement / Stretching / OTC / Other: _____

What makes it Worse? Sit / Stand / Walk / Lying / Sleep / Overuse / Other: _____

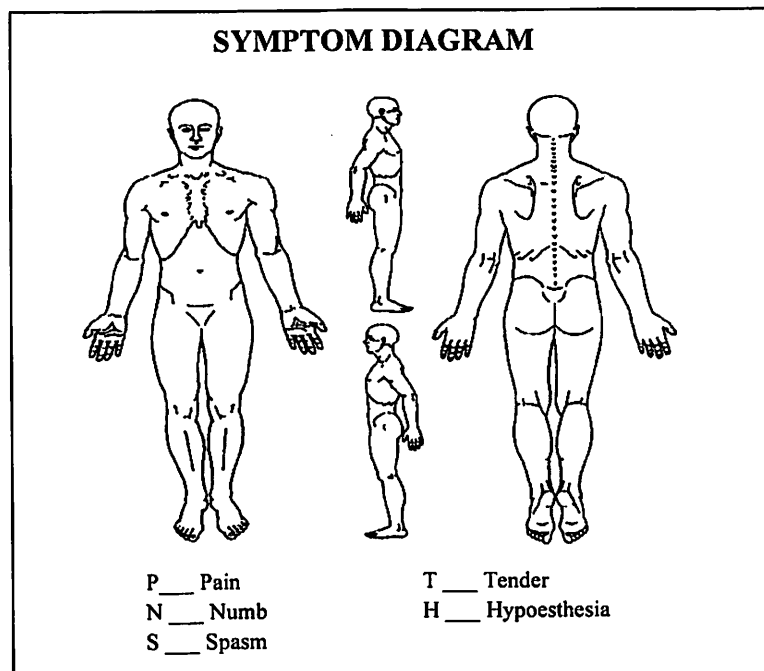
Which daily activities are being affected? (Describe) _____

For this condition, have you:

Other Treatment? None / DC / MD / PT / Massage / Other: _____ Where: _____

Other Diagnostic Testing? X-rays / MRI / CT / Other: _____ Where: _____

Pain/Complaint Diagram



Patient Signature: _____

Physician's Initials: _____

REVIEW OF SYSTEMS

Patient Name: (First MI Last) _____

Patient No: _____

Review of Systems

Zone 1 Glandular System:

- Memory Loss
- Sleep
- Skin
- Hair
- Menstrual
- Thyroid/Energy
- Adrenals
- Anxiety/Depression
- ED/Fertility
- Hot Tempered
- Unable to Concentrate
- Low Immunity

Zone 2 Eliminating System:

- Sinuses
- Throat
- Kidneys
- Bladder
- Intestines/Colon
- Nasal Passages

- Lungs
- Bronchitis/Pneumonia
- Lymphatic
- Bloating/Toxins

Zone 3 Nervous System:

- Eyes
- Balance/Dizziness
- Poor Sleep
- Solar Plexus
- Unable to Relax
- Nervousness
- Ears
- Tingling in Extremities
- Allergies/Food Issues
- Digestion
- Tensions
- Hormone Imbalances

Zone 4 Digestive System:

- Appetite
- Acid Reflux
- Liver
- Stomach
- Intestines
- Digestion
- Taste
- Heartburn
- Gallbladder
- Pancreas
- Weight Gain
- Elimination

Zone 5 Muscular

- System:**
- Neck
 - Arms/Hands
 - Middle Back
 - Legs/Feet

- Abdomen
- Disc Problems
- Shoulders
- Upper Back
- Lower Back
- Chest
- Weakness
- Muscle/Joint Pain

Zone 6
Circulatory/Lymphatic
System:

- Thyroid
- Blood Pressure
- Heart Problems
- Headaches/Migraines
- Cold Hands
- Cold Feet
- Poor Circulation

Health History

Medications and Supplements:

Allergies to Medications: NONE

Name	Reaction

Current Medications & Supplements: NONE

Name	Dosage

Past Health History:

Surgeries: NONE

Date	Describe

Major Injuries / Traumas / Hospitalizations: NONE

Date	Describe

Family Health History:

NONE

List major health problems of 1st degree relatives:

Problem	Relation (Parent, Sibling, Child)

Social and Occupational History:

Smoking: Every Day Some Days Former Never

Habit	Type / Amount / Year Started
Smoking	
Tobacco	
Alcohol	
Caffeine	
Rec. Drugs	