

Patient Symptoms and Complaints

Name: _____

Date: _____

IMPORTANT: Circle all present symptoms and underline past symptoms.

MUSCLE, LIGAMENT & JOINT

NECK: Weakness*Pain*Swelling*Spasms
Limited Movement*Pain with
Movement*Surgery*Throat Muscles Swollen
or Sore*Worse After Sleeping*Worse During
Day*Worse End of Day*

MID BACK:
Weakness*Pain*Spasms*Soreness*Worse
after Sleeping*During Day*End of Day

LOW BACK:
Weakness*Pain*Stiffness*Swelling*Limited
Movement*Pain With
Movement*Surgery*Pain When Sitting*Pain
When Walking*Pain With Walking*Pain
When Standing*Worse When Sleeping*
Worse in Miring*Worse During
Day*Worse at End of Day*Sex
Impotency*Pain in Groin

EXTREMITIES AND RADIATING PAIN
HEAD &
HEADACHE: Side*Front*Top*Back*Heavy
Head*Affects Vision*Produces
Nausea*Throbbing*Incapacitating*Dizzy*
Handicaps Normal Functioning*Worse After
Sleeping*Worse During Day*Worse End of
Day*Worse Overnight

SHOULDER: Local Pain*Radiates Down
Arm*Pain With Movement*Limited
Movement*Pain Referring from Neck

ARM: Local Pain*Radiating Pain from
Neck*Numbness*Tingling Elbow, Wrist,
Fingers*Heaviness*Cold Hands*Grip
Strength Loss*Can't Raise*Drops Things

HIPS,KNEES,LEGS: Local Pain*Radiating
Pain From Back*On Movement*Down
Leg*Knee Pain*Tingling*Knee
Swelling*Ankle Swelling* Charlie
Horses*Cramps* Spasms* Varicose
Veins*Heaviness* Pain on Walking* Sitting*
Pro-longed Standing.

FEET: Swelling * Discomfort * Pain* Pain
on Walking * Pain with Back Problems *
Corns * Calluses * Bunions * Fallen Arch *
High Arch * Toe-in * Toe-out * Cold * Burn

MUSCLE & LIGAMENTS
Sprain * Pulled * Torn * Atrophy

SPINE & DISC

SPINE: Surgery * Arthritis * Curvature *
Whiplash

DISC: Surgery * Protrusion * Compressed *
Degenerating * Deteriorating * Herniated *
Ruptured

NERVES

Burning * Numbness * Tingling * Pins &
Needles * Nervousness * Nervous Tension *
Nervous Fatigue * Dizziness * Poor
Equilibrium * Loss of Balance

ENERGY & FATIGUE

Intermittent * Constant * Occasional
Exhaustion Build Up * Tired Upon Awakening
Exhaustion After Work * Must Rest During
the Day

WALKING CAUSES: Tiredness * Fatigue *
Exhaustion

SLEEPING: Good * Fair * Poor * Poor Due
to Pain * Insomnia * Falls to Sleep *
Emotional Fatigue * Excessive Sleep

EYE, EAR NOSE THROAT & MOUTH

EYE: Pain * Strain * Red * Burning * Light
Hurts * Double Vision * Spots * Injury *
Pressure * Glasses

SIGHT: Far * Near * Failing * Glasses

EAR: Ache * Infection * Noises * Ringing *
Buzzing

HEARING: Good * Poor * Hearing Aids *
Failing

NOSE: Post Nasal Drip * Bleeding *
Obstruction * Sneezing * No Smell

THROAT:
Sore*Dry*Hoarse*Phlegm*Enlarged
Glands*Difficulty Swallowing

MOUTH: Bad Taste*Teeth*Bad
Breath*Gums*Sores*Eruptions*No Taste

TEETH:
Good*Bad*Abscess*Grinding*Dentures*

HEART & CIRCULATION

HEART: Slow*Rapid*Pain*Palpitation*Past
Attack*Chest Pain*Pain Down
Arm*Difficulty Breathing

BLOOD PRESSURE:
High*Low*Irregular*Past Stroke*Paralysis

CIRCULATION: Good*Poor*Swelling

COLD: Hands*Feet*Varicose
Veins*Hardening Arteries

SWEATS: Excess*None*Hot*Cold*Night

BLOOD: Problems*Disease*Anemia

LUNGS & BREATHING: Difficult
Breathing*Congestion*Asthma*Emphyema*
Wheezing*Bronchitis*Infection

COUGH: Blood*Phlegm*Dry*Sneezing

STOMACH, LIVER, GALL BLADDER AND INTESTINAL

STOMACH: Nausea*Pain*Ulcer*Vomiting
Blood*Bile*Indigestion*Heartburn*Gas

APPETITE: Good*Poor*Excess

LIVER: Upset*Jaundice*Hepatitis

INTESTINES:
Bloat*Mucus*Constipated*Diarrhea*
Hemorrhoids*Fissures*Colitis

KIDNEY, BLADDER, & URINATION

URINE:
Frequent*Difficult*Burns*Blood*Pus*
Irritated*No Control*Infection*Kidney
Stones*Prostate Issues*Ovary
Issues*Bedwetting

SKIN

Sensitive*Bruises*Dry*Itching*Rash*Hives
*Shingles*Boils*Acne*Eruptions*Slow
Healing

GENERAL

SWOLLEN LYMPH NODES:
Neck*Underarm*Groin*Face*Pallor*Chills*
Fever*Flu*Virus*Chronic Cold*Chronic
Cough

SINUS:
Congestion*Headache*Sneeze

Weight:
Over*Under*Loss*Gain

REACTION TO DRUGS:
Mild*Severe*Occasional

PERSONAL HABITS

Hours of Sleep Per Night: _____

Smoke _____ Pkg per Day

Amount of Coffee/Tea _____ cups per day

Amount of Alcohol per week: _____

Hours worked per day _____ weekly _____

FOR WOMEN ONLY

MENSTRUAL: Cramps*Backache*Excess
Flow*Difficult*Irregular*Tension*Mood

MENOPAUSE: Symptoms*Hot
Flashes*Estrogen

VAGINAL: Discharge*Irritation*Odor
Miscarriages _____ Pregnancies _____
Unable to Become Pregnant*Currently
Pregnant

INJURIES & ACCIDENTS

AUTO ACCIDENT: Recent*Past
WORK INJURY: Recent*Past
FALLS: Recent*Past