

Patient History

Patient: _____ date: _____

Occupation: _____

Review intake questionnaire ('CI's' or 'red flags'?)

- Why are they seeking care?

Chief concern

1. Location/radiation

2. Onset (when/how)

3. Chronology/timing/prior episodes

4. Quality (sharp, dull, shooting)

5. Severity (0-10)/effect on ADLs

6. Modifying factors (better/worse)

7. Associated symptoms (NTW)

8. Treatment history/relevant prior injuries

9. Medications/Allergies (purpose, dose, frequency)

Conditional factors

1. Hereditary conditions/family health issues

2. Stress factors

3. Exercise/interests (activities/frequency)

4. Diet (rate: good, fair, poor)

5. Sleep pattern (wake rested)

6. Habits (alcohol, tobacco, recreational drugs)

7. Treatment goal (this treatment & long term)

"Is there anything else relevant that they would like to add?"