

REVIEW OF CONDITIONS (it is critical that you check all that apply)

HEADACHES:

When (# of months or years) did you first start having headaches? _____

Do you consider this pain to be a *migraine* ___ *neck related* ___ *jaw related* ___ or *other (list)* ___

How long do the headaches last (give a number or range)? *Hours* ___ *Days* ___ *Vary(explain)* ___

How often do the headaches occur?
Constant ___ *Daily* ___ *Weekly* ___ *Monthly* ___ *Irregular(explain)* _____

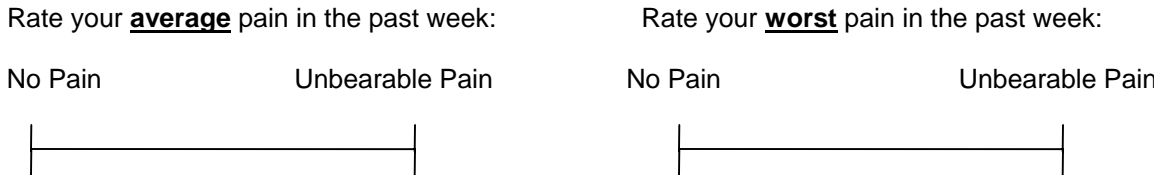
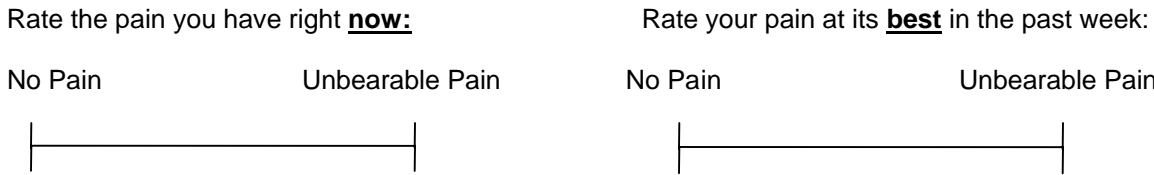
What area is involved: *Front* ___ *Back* ___ *Left Side* ___ *Right Side* ___ *Entire Head* ___

Why did these headaches begin? _____

- These headaches:
- Are localized
 - Originate from another location (where?) _____
 - Travel to another location (where?) _____

Are there things that make the headache better? _____
...worse? _____

On the scales below, please draw vertical lines (*intersecting the horizontal lines*) that represent the **headache pain** you have:



Patient Comments: _____

Doctor's Comments: _____

File #: _____

REVIEW OF CONDITIONS (it is critical that you check all that apply)

LUMBAR (LOWER BACK):

When (# of months or years) did you first start having this low back issue? _____

Please describe as: Ache___ Stiff___ Tight___ Spasm___ Sharp___ Numbness___ other___

How often does this low back pain occur?
Constant___ Daily___ Weekly___ Monthly___ Irregular (explain) _____

What area is involved? Left___ Right___ Both___

Why did this low back issue begin? _____

- The low back discomfort: Is localized
 Originates from another location (where?) _____
 Travels to another location (where?) _____

Are there things that make low back pain better? _____
...worse? _____

On the scales below, please draw vertical lines (*intersecting the horizontal lines*) that represent the **lower back pain** you have:

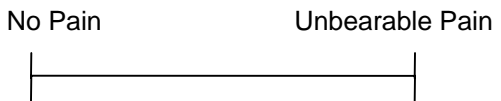
Rate the pain you have right **now**:



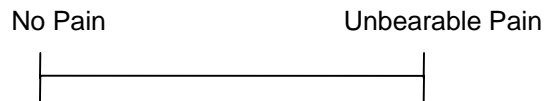
Rate your pain at its **best** in the past week:



Rate your **average** pain in the past week:



Rate your **worst** pain in the past week:



Patient Comments: _____

Doctor's Comments: _____

File #: _____

