



**HISTORY OF PRESENT ILLNESS**  
**Additional Complaint(s) and/or Symptoms**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Visit \_\_\_\_\_

List and describe your **chief complaint(s)** and answer all questions following. If you need more space, please ask for an additional page.

1) \_\_\_\_\_ How long ago? # \_\_\_ Days # \_\_\_ Weeks # \_\_\_ Months # \_\_\_ Years

How did this begin?  job related injury  auto accident  illness  injury  unknown  gradual onset  sudden onset

This occurs?  seldom  repeatedly  frequently  constant Severity: 0 1 2 3 4 5 6 7 8 9 10

How often?  0-25%  25-50%  50-75%  75-100%  in the afternoon  in the evening Intensity:  light  extreme

Condition is: **Aggravated** by \_\_\_\_\_ **Improved** by \_\_\_\_\_

2) \_\_\_\_\_ How long ago? # \_\_\_ Days # \_\_\_ Weeks # \_\_\_ Months # \_\_\_ Years

How did this begin?  job related injury  auto accident  illness  injury  unknown  gradual onset  sudden onset

This occurs?  seldom  repeatedly  frequently  constant Severity: 0 1 2 3 4 5 6 7 8 9 10

How often?  0-25%  25-50%  50-75%  75-100%  in the afternoon  in the evening Intensity:  light  extreme

Condition is: **Aggravated** by \_\_\_\_\_ **Improved** by \_\_\_\_\_

3) \_\_\_\_\_ How long ago? # \_\_\_ Days # \_\_\_ Weeks # \_\_\_ Months # \_\_\_ Years

How did this begin?  job related injury  auto accident  illness  injury  unknown  gradual onset  sudden onset

This occurs?  seldom  repeatedly  frequently  constant Severity: 0 1 2 3 4 5 6 7 8 9 10

How often?  0-25%  25-50%  50-75%  75-100%  in the afternoon  in the evening Intensity:  light  extreme

Condition is: **Aggravated** by \_\_\_\_\_ **Improved** by \_\_\_\_\_

4) \_\_\_\_\_ How long ago? # \_\_\_ Days # \_\_\_ Weeks # \_\_\_ Months # \_\_\_ Years

How did this begin?  job related injury  auto accident  illness  injury  unknown  gradual onset  sudden onset

This occurs?  seldom  repeatedly  frequently  constant Severity: 0 1 2 3 4 5 6 7 8 9 10

How often?  0-25%  25-50%  50-75%  75-100%  in the afternoon  in the evening Intensity:  light  extreme

Condition is: **Aggravated** by \_\_\_\_\_ **Improved** by \_\_\_\_\_

5) \_\_\_\_\_ How long ago? # \_\_\_ Days # \_\_\_ Weeks # \_\_\_ Months # \_\_\_ Years

How did this begin?  job related injury  auto accident  illness  injury  unknown  gradual onset  sudden onset

This occurs?  seldom  repeatedly  frequently  constant Severity: 0 1 2 3 4 5 6 7 8 9 10

How often?  0-25%  25-50%  50-75%  75-100%  in the afternoon  in the evening Intensity:  light  extreme

Condition is: **Aggravated** by \_\_\_\_\_ **Improved** by \_\_\_\_\_