



INJURY INFORMATION
Additional Complaint(s) and/or Symptoms

Patient _____ 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) _____ When did this symptom begin _____

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) _____ When did this symptom begin _____

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) _____ When did this symptom begin _____

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) _____ When did this symptom begin _____

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) _____ When did this symptom begin _____

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 _____

6) _____ When did this symptom begin _____

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 _____