



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 _____

Severity: 0 1 2 3 4 5 6 7 8 9 10 Intensity: light moderate extreme

Timing: seldom repeatedly frequently constant How often of the day? 0-25% 25-50%

50-75% 75-100% in the morning in the afternoon in the evening the full day

Condition is: **Aggravated** by _____ **Improved** by _____

2) _____ When did this symptom begin _____

Severity: 0 1 2 3 4 5 6 7 8 9 10 Intensity: light moderate extreme

Timing: seldom repeatedly frequently constant How often of the day? 0-25% 25-50%

50-75% 75-100% in the morning in the afternoon in the evening the full day

Condition is: **Aggravated** by _____ **Improved** by _____

3) _____ When did this symptom begin _____

Severity: 0 1 2 3 4 5 6 7 8 9 10 Intensity: light moderate extreme

Timing: seldom repeatedly frequently constant How often of the day? 0-25% 25-50%

50-75% 75-100% in the morning in the afternoon in the evening the full day

Condition is: **Aggravated** by _____ **Improved** by _____

4) _____ When did this symptom begin _____

Severity: 0 1 2 3 4 5 6 7 8 9 10 Intensity: light moderate extreme

Timing: seldom repeatedly frequently constant How often of the day? 0-25% 25-50%

50-75% 75-100% in the morning in the afternoon in the evening the full day

Condition is: **Aggravated** by _____ **Improved** by _____

5) _____ When did this symptom begin _____

Severity: 0 1 2 3 4 5 6 7 8 9 10 Intensity: light moderate extreme

Timing: seldom repeatedly frequently constant How often of the day? 0-25% 25-50%

50-75% 75-100% in the morning in the afternoon in the evening the full day

Condition is: **Aggravated** by _____ **Improved** by _____