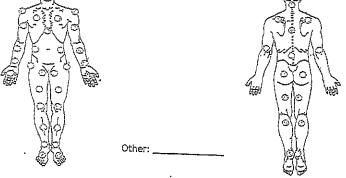
ame:			
	Date:	Pt. #:	



COMPLAINT (Initial Exam, Daily Note, Follow Up/Final Exam)

Complaint #__Please place an X on one part of the body where you are experiencing pain or discomfort and list your complaints in the order of severity. (If you do not see your complaint on the picture, please list the complaint on the Other line.



Actions effecting this complaint: Morning Afternoon Afternoon Afternoon Cold Derings On Dering	This complaint came on: It is getting: The intensity of this complaint is: The frequency of this complaint is: oIntermittent The pain is: The pain is located on:	Gradually Improving Minimal o Slight Occasional Dull Shooting Burning Left side	 Immediately Staying the same Moderate Frequent Sharp Spasm Spasm Right side 	Getting Worse Severe Constant Aching Throbbing Tingling
Cold Heat Brings On Bring	Morning	a Brings On	n Aggrayates	
Medication	Cold			□ Relieves
Straining	Medication	- ··		□ Relieves
Sitting	Straining	n Brings On		a Relieves
Bending forward Bending back Bending back Bending left Twisting left Twisting right Lifting Coughing Sneezing Bending forward Bending son Brings On Aggravates Relieves	Sitting	Brings On		
Bending left Defining to the strings on the strings of the strings on the strings of the strings on the strings of the strings of the strings of the strings on the strings of the strings of the strings of the string	Bending forward	□ Brings On	□ Aggravates	·
Twisting right Discription Brings On Brings On Aggravates Relieves Coughing Brings On Aggravates Relieves Relieves Relieves Relieves Relieves		a Brings On	□ Aggravates	
Coughing Brings On Aggravates Relieves Sneezing Relieves	Twisting right	□ Brings On	□ Aggravates	□ Relieves
		n Brings On	o Aggravates	□ Relieves