

**Please check any of these symptoms that affect you and circle the areas where they occur. This will help your doctor in completing your medical history.**

**Head/Neck/Shoulders**

Left Right

\_\_\_ \_\_\_ Head Trauma

\_\_\_ \_\_\_ Neck Pain

\_\_\_ \_\_\_ Shoulder Pain

\_\_\_ \_\_\_ Weakness/Burning

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Whiplash

\_\_\_ \_\_\_ Other \_\_\_\_\_

**Elbows**

Left Right

\_\_\_ \_\_\_ Pain

\_\_\_ \_\_\_ Tennis Elbow

\_\_\_ \_\_\_ Radiating Pain

\_\_\_ \_\_\_ Weakness/Burning

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Spasm

\_\_\_ \_\_\_ First Rib Pain

\_\_\_ \_\_\_ Other \_\_\_\_\_

**Hands**

Left Right

\_\_\_ \_\_\_ Pain

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Weakness

\_\_\_ \_\_\_ Discoloration

\_\_\_ \_\_\_ Cramps

\_\_\_ \_\_\_ Swelling

\_\_\_ \_\_\_ Joint Pain

\_\_\_ \_\_\_ Wrist Drop

\_\_\_ \_\_\_ Carpal Tunnel Syndrome

**Lower Back/Buttock**

Left Right

\_\_\_ \_\_\_ Buttock Pain

\_\_\_ \_\_\_ Acute Lower Back Pain

\_\_\_ \_\_\_ Chronic Lower Back Pain

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Weakness/Burning

\_\_\_ \_\_\_ Bowel Control Problems

\_\_\_ \_\_\_ Bladder Control Problems

\_\_\_ \_\_\_ Other \_\_\_\_\_

**Legs/Knees**

Left Right

\_\_\_ \_\_\_ Cramping/Charley Horse

\_\_\_ \_\_\_ Weakness/Burning

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Knee Pain

\_\_\_ \_\_\_ Diabetes

\_\_\_ \_\_\_ Muscle Rigidity or Spasms

\_\_\_ \_\_\_ Unsteady Gait

\_\_\_ \_\_\_ Other \_\_\_\_\_

**Feet**

Left Right

\_\_\_ \_\_\_ Cramping Pain

\_\_\_ \_\_\_ Weakness/Burning

\_\_\_ \_\_\_ Numbness/Tingling

\_\_\_ \_\_\_ Foot Drop

\_\_\_ \_\_\_ Discoloration

\_\_\_ \_\_\_ Other \_\_\_\_\_

**Please list any other symptoms.**

\_\_\_\_\_

\_\_\_\_\_

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**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_