Current Health Challenges

Primary Problem: _____When did this episode start?_____

Any instances of this problem previously in life? YES NO When?_____

Did the problem come on GRADUALLY OR SUDDENLY? What time of day do you feel it the most? _____

What makes it worse?_____

What makes it better?_____

Does the pain feel? Sharp Dull Achy Tight Stiff Stabbing Burning Numb Tingly Deep Cramping _____

Rate the degree of problem 1-10 (10 unbearable) Generally_____ At worst_____ Is it getting **Worse**, **Better**, or **Same**?

Does problem spread or shoot to other areas?_____

Any previous care for this problem?_____

How much of the day do you experience problem? 100% 90% 80% 70% 60% 50% 40% 30% 20% 10%

Secondary Problem: _____When did this episode start?_____

Any instances of this problem previously in life? YES NO When?_____

Did the problem come on GRADUALLY OR SUDDENLY? What time of day do you feel it the most? _____

What makes it worse?_____

What makes it better?_____

Does the pain feel? Sharp Dull Achy Tight Stiff Stabbing Burning Numb Tingly Deep Cramping _____

Rate the degree of problem 1-10 (10 unbearable) Generally_____ At worst_____ Is it getting **Worse**, **Better**, or **Same**?

Does problem spread or shoot to other areas?_____

Any previous care for this problem?_____

How much of the day do you experience problem? 100% 90% 80% 70% 60% 50% 40% 30% 20% 10%

By Using the key below, **SHADE IN EXACTLY WHERE** you are experiencing the following symptoms. Label each region with a letter to indicate what the pain feels like.

D=Dull Ache S=Sharp/Stabbing T=Tight/Stiff X=Tingling N=Numbness B=Burning