

History of Present Illness: Please circle all that apply

- **Body Part:** _____
- **Location:** left , right , bilateral , anterior/dorsal , posterior/volar , medial , lateral , deep , superficial
- **Quality:** aching , burning , gnawing , stabbing , throbbing , sharp , dull , superficial , deep , occasional , frequent , constant , worsening , improving , not changing
- **Severity:** no pain , mild , moderate , severe , pain level ___/10 , worst pain ___/10
- **Duration:** date of onset: , ___ days , ___ weeks , ___ months , ___ years , continuous since onset
- **Timing:** cannot identify , acute , chronic , abrupt , gradual , morning , daytime , nighttime , recurrent , rare , occasional , intermittent episodes lasting: _____
- **Context:** cannot identify , fall , bending , lifting , twisting , sports injury , work injury , MVA , assault , overuse , atraumatic , laceration
- **Alleviating Factors:** nothing helps , sitting , standing , lying down , position change heat , ice , rest , elevation , exercise , stretching , limited weight bearing , PT/OT , chiropractic care , ESI , OTC medication , narcotics , NSAIDs , cortisone injection , viscosupplement injection , orthotics , previous surgery brace crutches , cane , wheelchair , walker
- **Aggravating Factors:** cannot identify , sitting , standing , lying down , walking , lifting , carrying , twisting , bending/squatting , pushing/pulling , ROM weightbearing , exercise , previous surgery , changing clothes , getting out of bed , going from sit to stand , upstairs , downstairs , morning , daytime , nighttime , cold weather , damp weather
- **Associated Symptoms:** weakness , numbness , tingling , swelling , redness , warmth , ecchymosis , catching/locking , popping/clicking , buckling , grinding , instability , radiation down leg , drainage , fever , chills , weight loss , change in bowel/bladder habits
- **Previous Surgery:(on affected body part)** none , surgical procedure: _____ , date: _____
- **Prior Imaging:** none , no recent studies , x ray , MRI , CT scan , bone scan , EMG
- **Previous Injections:** none , did not help , helped a little , helped temporarily , helped significantly
- **Previous PT:** none , did not help , helped a little , helped temporarily , helped significantly
- **Work Related:** no , yes
- **Working:** no , regular duty , modified duty
- **Hand Dominance:** right , left , ambidextrous