NEW PATIENT CONSULTATION

Patient Name_____ DOB_____/_____/_____ Exam Date_____/_____/_____

Using **Black** or **Blue** ink, list **ALL** the **CURRENT** conditions you marked on Page 3 of your New Patient Paperwork; in **order of severity**.

Region of Present Complaint(s): List in order of Severity ***(Indicate if on Right side, Left Side, or Both)***	**Onset-When did you first notice this complaint?** (Use Weeks, Months, or Years.)	**Time-Have you experienced this previously? When? How long?**	**Quality-Describe your symptoms?** (examples: sharp, dull, burning, crushing)	**Provocation-What makes your symptoms better or worse?** (Specific examples: Lifting, Twisting, Bending, Sitting, Standing, Running, Walking.)	**How often do your symptoms bother you?** **C**=Constantly **W**=Weekly **M**=Monthly	**Severity of pain:** 0=No Pain 5=Moderate Pain 10=Worst Pain
EXAMPLE: SHOULDER PAIN; RIGHT SIDE	**3 WEEKS AGO**	**Yes; 5 yrs ago; 1month**	**sharp**	**LIFTING; RUNNING**	**C**	**7**

Doctors Notes:

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Doctor's Signature _____ **Date Form Reviewed**: _____/_____/_____

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