



SUBJECTIVE EVALUATION

Name: _____ Today's Date: _____

Occupation: _____ Birthdate: _____ Age: _____

MD: _____ Diagnosis: _____

SUBJECTIVE EVALUATION:

What is your primary Complaint? _____

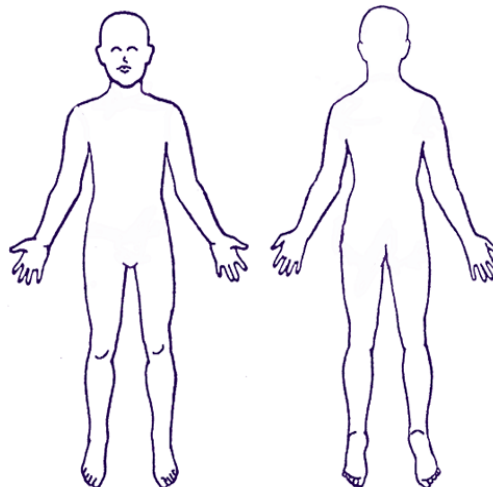
Area and Behavior of Pain:

It is important to get a picture of what your symptoms look like, so please complete the following on the body diagram below:

- 1) Please draw the area(s) where you have pain (label the areas in the order of severity of pain with Pain1 "P1," Pain 2 "P2," etc. Indicate if the symptoms are local or radiating. If there are radiating symptoms, please draw an arrow in that direction.
- 2) Please state if your pain is Constant "C" or Intermittent with an "I" by the area of pain.
- 3) Please describe in the body diagram below what type of pain you are experiencing, such as throbbing, sharp, dull, ache, deep, superficial, numbness, tingling, etc.
- 4) Please indicate what aggravates the symptoms (i.e. what can you do to bring on the pain?) Sample activities could include driving, sitting, standing, walking, running, lying, sit-stand, bending, and/or squatting. _____

- 5) Please indicate what eases the symptoms (i.e. relieves the pain). _____

- 6) If appropriate, comment on the following:
 - a) How do the symptoms change in the morning? _____
 - b) Throughout the day? _____
 - c) In the evening? _____



Please see other side

History:

When and how did your injury occur?

Was there any surgery? If so, who was the surgeon, what was done and when?

How have your current symptoms progressed?

Circle one: getting better / worse / unchanged

How so? _____

What previous orthopedic problems can you think of that may be related to your current symptoms?

Special Questions:

What treatments have you tried thus far? Who administered them? When were they administered?

What were the results (i.e. how did it change your symptoms)? _____

What is your current functional status (i.e. what do your daily activities consist of)?

What medication are you taking, what dosage, and how have they changed your symptoms?

What diagnostic test have been performed (i.e. X-rays, MRI, CT Scan, Bone Scan NCV test, etc.) when, and what were the results? _____

How is your general health? _____

What do you think your problem is? _____

What do you think is the cause? _____

Is there anything else you would like to explain? _____
