



# PATIENT QUESTIONNAIRE

Name of submitter:

## HISTORY OF PRESENT ILLNESS:

How did the pain start?

Accident/mechanism of injury:

Initiating event & time:

Described as:

Location of pain:

Aggravated by:

Decreased by:

NRS (0-10 ) Worst: Best: Average:

Add Symptoms:

Bowel/Bladder dysfunction:

Fever:

## PREVIOUS TREATMENTS

Conservative tried:

PT/massage/Acupuncture/chiropractic/

Meds tried:

Procedures tried:

## DIAGNOSTIC TESTS

MRI:

X-RAY:

NCS:

## CURRENT MEDICATIONS:

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## ALLERGIES:

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## Relevant PAST MEDICAL and SURGICAL HISTORY

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## PHYSICAL EXAM:

MSK:

NEURO:

## ASSESSMENT:

- 

## DIAGNOSIS:

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## PLAN

1. DIAGNOSTIC TESTS:
2. PHYSICAL THERAPY/ MASSAGE:
3. PSYCHOLOGY:
4. MEDICATIONS:
5. PROCEDURE(S):