Chief Complaint – HPI (History of Present Illness)

Patient Name:		Case	e:	Date: _		Dr	:		
Chief Complaint:									
Body Area(s) Invol			lvis 🗆 U	pper Extremi	ty 🗆 Lo	ower Extr	emity		
	ecurrence (Acute)	□ Exacerbati	on (Acute	e) 🗆 Chro	onic				
Mechanism of Onset:									
□ Auto: □ D □ Work Related: □ I □ Other – Liability:	Fall □ Falling Object	et 🗆 Lifting 🗆 C	verexertic	n □ Repetiti			:		
☐ Other – No Liabilit	y: ☐ Etiology Unkno	wn □ Overexertio	n □ Rep	petitive Use 🗆	Slept W	rong 🗆 S	Slip or Fall		
□ No Injury									
Description of Onse	et of Complaint:								
Current Symptoms	: □ Pain □	Numbness	Stiffnes	ss 🗆 Wea	kness				
Location: Left / R									
Quality: Burning	☐ Diffuse ☐ I	Oull/Aching □ L	ocalized	\square Radiating	□ Sh	arp 🗆	Shooting		
☐ Stabbing	g 🗆 Throbbing 🗆 '	Tightness 🗆 🗆	ingling	□ Other					
Level of Impairment	Due to Symptoms (Re	ecting).							
	2 3		6	7	8	9	10		
U I	2 3	4 3	U	,	O	7	10		
Level of Impairment 1	Due to Symptoms (Wi	th Activity):							
0 1	2 3	4 5	6	7	8	9	10		
	ed:								
Last Occurred:	Last episod	de:	Resolved Previous Visit: Accident Occurred:						
Timing: Worse:									
Context: Better									
Assoc Signs and Sym	ptoms: Blurred V	ision □ Depressio	on 🗆	Dizziness	□ I	rritability	Mood Swing		
	gling □ Nausea	_				_	8		
	tion: Occipital			□ Right Temp			□ Sinus		
		Sharp Throl		☐ Stabbing		Aura	□ No Aura		
Type	•	-	_	☐ Tension		11414	11011414		
Othe	r: (frequency/duratio	on/time of day)							
Radiation: Left / R	ight / Bilateral								
Weakness: Left / R	aight / Bilateral								
Other Assoc Signs an	d Symptoms:								
aches	□ burning	□ cold limb(s)		☐ difficulty wa	ılking	□ dizziı	ness		
□ ecchymosis	ē		□ heartburn				stiffness		
☐ muscle spasm	☐ muscle weakness			□ numbness			bluish skin		
□ panic □ swelling	□ pins & needles□ tingling	☐ rhinorrhea (ru ☐ vomiting	nny nose)	☐ shortness of	breath	□ swea	ting		

Modifying Factors:												
Symptoms Better With:	□ nothing helps □ activ □ massage □ mov			-	☐ bending ☐ OTC meds	□ applying cold□ Rx meds		□ applying heat□ rest				
		stretching	□ sitt		standing	☐ twisting		□ walking				
Symptoms Worse With:					8			8				
Daily Activities: Effects of Current Condition on Performance												
Bending:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Care –Infirm Family:				*	*	, ,		Unable to Perform				
Carrying Groceries:				*	*	, ,		Unable to Perform				
Change Posn–Sit-Stand:				,	<i>'</i>	, ,		Unable to Perform				
Climb Stairs:				*	*	, ,		Unable to Perform				
Driving:		No Effect [☐ Mild	Painful (Ca	n do) 🛘 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Extended Computer Use:												
Feeding:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Household Chores:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Kneeling:		No Effect [☐ Mild	Painful (Ca	n do) 🛘 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Lift Children:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Lifting:		No Effect [☐ Mild	Painful (Ca	n do) 🛘 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Pet Care:		No Effect [☐ Mild	Painful (Ca	n do) 🛘 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Reading (Concentration):		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Self Care:		No Effect [□ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Self Care–Bathing:		No Effect [Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Self Care–Dressing:		No Effect [□ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Self Care–Shaving:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Sexual Activities:		No Effect [Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Sleep:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Static Sitting:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Static Standing:		No Effect [Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Walking:		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
Yard Work:								Unable to Perform				
Employment:												
Occupation/Job Title:						Work	hna	/ day or week				
Description of Work:						WOIK:	1115	/ day of week				
				□ I iaht	(5.20lbs)	□ Moderate (20	501bc)	☐ Heavy (>50 lbs)				
Lifting Frequency:					requent (33-6			(0-32%/day)				
Lifting Postures:		with Arms		•	from Knee	• /		from Torso				
Litting Postures:	П	with Arms		gii Near L	110III Kliee	□ On rosture	: ⊔	110111 10180				
Work Activity Postures:	(h	rs/dav)										
•		climbing:	h/d	□ kneelin	g:h/d	☐ pulling:	h/d	□ pushing:h/d				
		sitting:			g:h/d	□ twisting:	_h/d	□ walking:h/d				
Repetitive Activities: (hrs/day)												
☐ assembly/fine man			h/d	□ computer	use/typing: _	h/d	□ 9	grasping: h/d				
☐ hand tool use:				_				ohone use:h/d				
			_	_ operation	01 211002111101)		, c = 1					
Condition's Effect On Job Performance: ☐ Mild Painful (Can do) ☐ Mod Painful (limited ability) ☐ Mod/Sev Limited Duty ☐ Sev No Limited Duty ☐ Sev (can't do limited duty)												
<u></u>												
Recreational Activity: Effects of Current Condition on Performance												
		No Effect [□ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform				
		No Effect [☐ Mild	Painful (Ca	n do) 🗆 Mod	Painful (Limited)	□ Sev	Unable to Perform rev 052208				