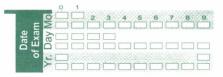


Patient Information and Injury History Form



atient First Name:	red's Information M.I. Last Name:	Primary Insurance Carr	rance Company ier: Policy # Claim #
Male Female	Social Security Number:	Address:	City:
	M.I. Insured's Last Name:	State: Zip:	Insurance Co. Phone Number:
			D.E. W. Ober W.
Male Insured's DOB	Insured's SS#	Secondary Insurance C	Parrier: Policy # Claim #
Idress:	City:	Address:	City:
ate: Zip: H	ome Phone Number:	State: Zip:	Insurance Co. Phone Number:
Attorney torney Name:	y Information	Employer Name:	oyer Information
ddress:	City:	Address:	City:
		State: Zip:	Group # Phone Number:
ate: Zip: Pt	hone Number:	State. Zip.	Group # Priorie Number.
story of Injury: our own words, please b	riefly describe your injury:		
		aditions and treatments	
	ons and Treatment: riefly list any previous medical cor	iditions and treatment:	
		nations and treatment:	
		notions and treatment:	
		nations and treatment:	

Pati	ent Symptoms —	• 888	
	ease mark as many symptoms or	ate	
Patient's Signature complai	nts below in up to 5 separate regi	ions)	
Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5		Symptom Number: 1 2 =	3 74 75
GENERAL SYMPTOMS: (Mark as many as apply)		NECK: (Mark as many as app	
Nervousness Irritability Fatigue	/	The state of the s	☐ Right side ☐ Both
Depression Loss of Sleep Tension		Pain increased by:	☐ Backward mvmnt
PMS Jaw Pain	-		Rotate head right
		☐ Bend neck left	Bend neck right
Symptom Number: 1 2 3 4 5 HEAD: (Mark as many as apply)		Stiffness Mus. Spasi	m ☐ Grinding/ Grating
			Sounds
Sharp Dull Migraine Location: Back of head Forehead Temples Behind eyes Right side Left side Left side		▼No Pain	Extreme Pain ▼
Temples Behind eyes Right side Left side		Pain level: ☐ ☐ ☐ ☐ ☐ ☐ ☐ Frequency: ☐ 0-25% ☐ 26-50%	
Light headed Memory loss Fainting		Symptom Number: 1 2	
☐ Blurred vision ☐ Double vision ☐ Sensitivity to light		MIDBACK: (Mark as many as	
Balance loss Hearing loss Ringing in ears	4 9 1	Pain:	Right Left Both
VNo Pain Extreme Pain V Pain level: □ □ □ □ □ □ □ □		Muscle Spasm:	
Frequency: 0-25% 26-50% 51-75% 76-100%		▼No Pain	Extreme Pain ▼
Symptom Number: 1 2 3 4 5		Pain level: Pain level: 26-50%	
SHOULDERS: (Mark as many as apply)		Symptom Number: 1 2	
Right Left Both		ARM: (Mark as many as appl	THE RESIDENCE OF THE PARTY OF T
Pain in joint: Pain across shoulder:	1 2 7	Airm. (marriae marry as appr	Right Left Both
Limitation of movement:	18 (1)	Pain in Upper Arm:	
▼No Pain Extreme Pain ▼	1 / 2 1	Pain in Elbow: Pain in Forearm:	
Pain level:	1 / } / • []	Pins & Needles (Arm):	
Frequency: 0-25% 26-50% 51-75% 76-100%		Pins & Needles (Forearm):	
Symptom Number: 1 2 3 4 5		Numbness in Arm:	
CHEST: (Mark as many as apply)	A 177	Numbness in Forearm:	Extreme Pain ▼
Right Left Both Pain around ribs:		▼No Pain Pain level: □ □ □ □ □	
Deep chest pain:		Frequency: 0-25% 26-50%	□ 51-75% □ 76-100%
Shortness of breath: Irregular heartbeat:	/ KAI /	Symptom Number: 1 1 2	3 4 5
▼No Pain Extreme Pain ▼			
▼No Pain Extreme Pain ▼ Pain level: □ □ □ □ □ □ □ □		LOWBACK: (Mark as many a	s apply)
		LOWBACK: (Mark as many a	Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain:	s apply) Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain:	Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm:	Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level:	Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level:	Right Left Both
Pain level:		Upper Lumbar Pain: Lower Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level:	Right Left Both
Pain level:		LOWBACK: (Mark as many a Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level:	Right Left Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		LOWBACK: (Mark as many as Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Von Pain Pain level: 26-50% Symptom Number: 1 2 4 HAND: (Mark as many as appears) Pain In Wrist:	Right Left Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HAND: (Mark as many as app	Right Left Both Right Left Both Right Left Both Right Left Both Right Left Both Right Left Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HAND: (Mark as many as apple Pain in Wrist: Pain in Hand: Pins & Needles (Hand):	Right Left Both Extreme Pain ▼ 51-75% 76-100% Right Left Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		LOWBACK: (Mark as many as Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level:	Right Left Both Extreme Pain ▼ 5 51-75% 76-100% Right Left Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HAND: (Mark as many as apple Pain in Wrist: Pain in Hand: Pins & Needles (Hand):	Right Left Both Extreme Pain ▼ 51-75% 76-100% Right Left Both Both
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level: 0-25% 26-50% Symptom Number: 1 2 HAND: (Mark as many as apple Pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand):	Right Left Both Extreme Pain ▼ 51-75%
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HAND: (Mark as many as appending the pain in Hand: Pins & Needles (Hand): Numbness (Hand): ▼No Pain Pain level: □ □ □ □ □ Frequency: □ 0-25% □ 26-50%	Right Left Both Extreme Pain ▼
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Valor Pain Pain level: 1 2 5 HAND: (Mark as many as apple Pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): Valor Pain Pain level: Valor Pain Pain level: Valor Pain Pain level: Valor Pain Pain level: Valor Pain Pain level: Valor Pain Pain level: Valor Pain Valor	Right Left Both Extreme Pain ▼
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level: Pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): Vo Pain Pain level: Pain level: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): Vo Pain Pain level: Vo Pain Pain level: P	Right Left Both Extreme Pain ▼ S S S S
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ve conditions:	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Extreme Pain ▼
Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ve conditions:	Upper Lumbar Pain: Lower Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: VNo Pain Pain level: 0-25% 26-50% Symptom Number: 1 2 HAND: (Mark as many as apple Pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): VNo Pain Pain level: 0-25% 26-50% Symptom Number: 1 2 HIPS & LEGS: (Mark as man) Pain in Buttocks: Location-Pain in Hip Joint:	Right Left Both Extreme Pain ▼
Pain level: □ -25% □ 26-50% □ 51-75% □ 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 ABDOMINAL: (Mark as many as apply) □ Nervous stomach □ Nausea □ Gas □ Constipation □ Diarrhea □ Heartburn □ Indigestion □ Loss of appetite □ Pain □ Frequency: □ -25% □ 26-50% □ 51-75% □ 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 2 □ 2	ve conditions:	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Extreme Pain ▼ S apply) Extreme Pain ▼ S S S S
Pain level:	ve conditions:	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Sapply
Pain level: □ -25% □ 26-50% □ 51-75% □ 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 ABDOMINAL: (Mark as many as apply) □ Nervous stomach □ Nausea □ Gas □ Constipation □ Diarrhea □ Heartburn □ Indigestion □ Loss of appetite □ Pain □ Frequency: □ -25% □ 26-50% □ 51-75% □ 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Ankle Pain: □ 2 □ 2	ve conditions:	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Sapply
Pain level: □ -25% 26-50% 51-75% 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 ABDOMINAL: (Mark as many as apply) ■ Nervous stomach Nausea □ Gas □ Constipation □ Diarrhea □ Heartburn Indigestion □ Loss of appetite □ Pain Pain: ■ No Pain □ Extreme Pain Frequency: □ 0-25% □ 26-50% □ 51-75% □ 76-100% Symptom Number: □ 1 □ 2 □ 3 □ 4 □ 5 FEET: (Mark as many as apply) Right □ Left Both Ankle Pain: □ □ □ □ □ □ □ Swollen Ankle: □ □ □ □ □ □ □ □ Foot Pain: □ □ □ □ □ □ □ □ □ □ Numbness of Feet: □ □ □ □ □ □ □ □ □ □ Swollen Feet: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	ve conditions: Straining	LOWBACK: (Mark as many as Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Sapply
Pain level:	re conditions: Interpretation of the condition of the co	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HAND: (Mark as many as appoint of the pain in Wrist: Pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): ▼No Pain Pain level: □ □ □ □ □ □ □ Frequency: □ 0-25% □ 26-50% Symptom Number: □ 1 □ 2 □ HIPS & LEGS: (Mark as man) Pain in Buttocks: Location- Pain in Hip Joint: Location- Region- Radiates to Numbness Down Leg: Location- Region- Region- Region-	Right Left Both
Pain level:	ve conditions: him graining nearing graining nearing he above 5 areas of complaint:	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both
Pain level:	re conditions: Interpretation of the condition of the co	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: Vo Pain Pain level: D-25% HAND: (Mark as many as appendicular pain in Wrist: Pain in Hand: Pins & Needles (Hand): Numbness (Hand): Vo Pain Pain level: D-25% Symptom Number: D-2 D-25% Symptom Number: D-3 D-25% Symptom Number: D-3 D-25% Symptom Number: D-4 D-25% Location- Pain in Buttocks: D-4 D-25% Location- Region- Location- Region- Region- Region- Location- Region- Location- Region- Location- Leg Cramps: Location- Location- Leg Cramps: Location- Locati	Right Left Both
Pain level:	re conditions: Interpretation of the condition of the co	Upper Lumbar Pain: Lower Lumbar Pain: Sacro-iliac Pain: Muscle Spasm: ▼No Pain Pain level: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Right Left Both Extreme Pain ▼

Activities of Daily Living Mid Back Condition Low Back Hip/Leg Shoulder Chest Condition Abdominal Foot/Ankle Condition Hand Mark all of the below functions 1 that you are unable to perform General or are having difficulty performing Symptoms due to each of the conditions indicated above. Personal Care Eating: Dressing: Grooming: Bathing: Eliminating: **Communication** Hearing: Speaking: Reading: Writing: Using a keyboard: Activity Sleeping: Standing: Walking: Sitting: Running: Working: Heavy lifting: Medium lifting: Light lifting: Lifting weights: having sex: during sports: Working around house: Working on hobbies: Exercising: Sensory Hearing: Seeing: Feeling: Tasting: Smelling: Recreation/Travel Driving a car: Riding in a car: Riding in a boat: Traveling in an airplane: Traveling in a train: Social Activities Participating in group activities: Speaking in public: **Emotional Stability:** Other