



Date: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

## Andrew E. Park, M.D.

Please complete this form. Your careful answers will help us to understand your presenting problem and design the best treatment program for you.

Chief Complaint/Main Problem: With Minor Activities - Burning & Inflammation in Backs  
Neck, Numbness & Tingling in arms. Some Numbness in Legs

When did your current problem start? 01/25/2013 (month/day/year) Had A Bicycle Accident Leg -  
Worsened and have not been relieved. Phys Therapy Helps  
Have you ever had similar problems before? ☐ yes ☒ no If yes, please explain: \_\_\_\_\_

USING SYMBOLS BELOW, MARK DRAWING ACCORDING TO YOUR PAIN. INCLUDE ALL AFFECTED AREAS  
(Please draw in your face):

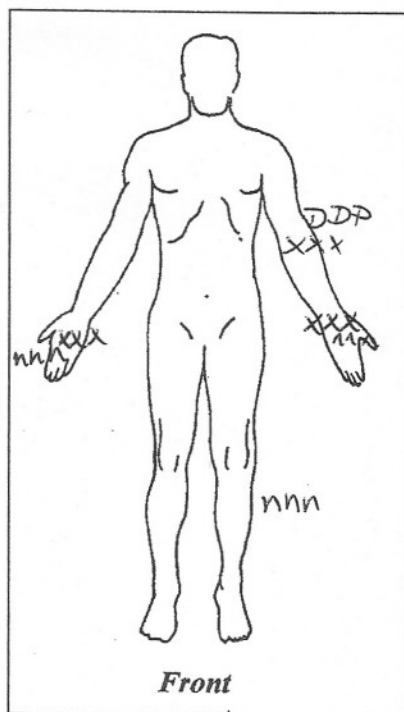
ache/sore: >>>  
cramping: ccc

dull: DDD  
pressure: ppp  
burning: BBB

sharp: sss  
tingling: xxx  
shooting: +++

throbbing: TTT  
pins/needles: ooo

numb: nnn  
stabbing: ///



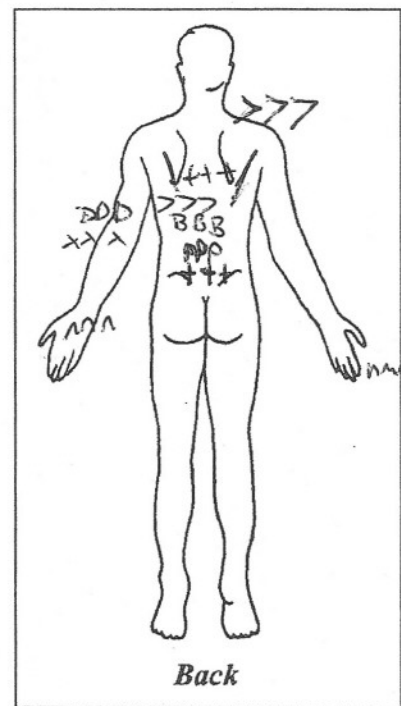
Neck Pain: Circle Severity Level  
0 1 2 3 4 5 6 7 8 9 10  
minor moderate severe

Pain in arm(s) compared to neck  
Worse than \_\_\_\_\_  
Same as X  
Less than \_\_\_\_\_

Upper Back: Circle Severity Pain Level  
0 1 2 3 4 5 6 7 8 9 10  
minor moderate severe

Low Back Pain: Circle Severity Pain Level  
0 1 2 3 4 5 6 7 8 9 10  
minor moderate severe

Pain in leg(s) compared to back  
Worse than \_\_\_\_\_  
Same as \_\_\_\_\_  
Less than X



CHECK/CIRCLE/HIGHLIGHT ANY THAT APPLY

### ARE YOU GETTING:

- ☐ Better  
☐ Worse  
☒ Unchanged

### DOES PAIN COME ON:

- ☐ Suddenly  
☒ Gradually

### ARE YOU USUALLY IN:

- ☐ Mild discomfort  
☒ Moderate discomfort  
☐ Severe discomfort

### PAIN IS:

- ☒ Constant  
☒ Good & bad days

### PAIN IS WORSE IN THE:

- ☐ Morning (6am - Noon)  
☐ Afternoon (1 - 8)  
☐ Night (8 pm - 6am)

Activity Level