

Patient name:

1. What is the problem?
2. Where is the problem exactly?
3. How long have you had it?
4. Do you think you know what caused it?
5. What makes it better?
6. What makes it worse?
7. Have you seen another doctor for this problem, if so who and what was done?
8. Have you tried any self-treatments?
9. How bad does it hurt from 1-10? (10 is the worst pain imaginable)
10. What type of pain is it? Sharp, achy, electrical, radiating, shooting, stabbing, burning, numbness?
11. When is it worst- after walking, first few steps out of bed, when laying in bed, with activity?
12. Is it constant or it comes and goes?
13. Is it getting better, worse or staying the same since it started?