Hoffman Chiropractic

512-346-5164

CHIEF COMPLAINT WORKSHEET

I. Describe your complaint(s) in your own words and when they started (be specific please):

____

____

Last occurrence?____________Aggrav./reliev. factors ______________________

Symptoms changing? Better/Worse _________Interference w/Home or work? ____________

II. This condition is the result of an Accident/Automobile Accident/On The Job Injury/Repetitive Usage/Other

III. Who else have you seen for this condition?(Please list most recent first)

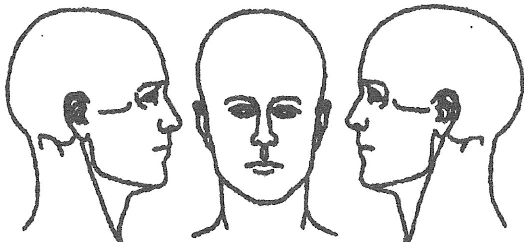
Name/ Type of Provider	Location/Phone #	Tests and Diagnoses	Treatment Given

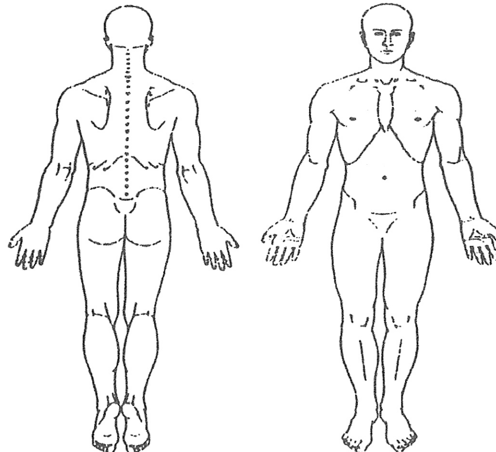
IV. What medications are you currently taking, including over the counter drugs and vitamins?

Name of Drug	Dosage	Condition Used For	Date Started

V. On a scale of 0-10, 0 being no pain and 10 being worst, rate the severity of your condition

VI. Mark x for pain 0 for numbness /// for tingling





Are you having trouble:

- ❑ Bending
- ❑ Driving
- ❑ Lifting
- ❑ Sitting
- ❑ Sleeping
- ❑ Standing
- ❑ Walking
- ❑ _______

SIGNATURE (GUARDIAN IF UNDER 18)_______________________DATE____________