

## COMPLAINT FORM

### CHIEF COMPLAINTS:

Please explain the reason(s) that prompted you to come to this office for treatment in the spaces below.  
(Example: "Lower back pain, Neck pain, Numbness in the right leg, etc...")

1. \_\_\_\_\_  
\_\_\_\_\_

Rate your pain: My pain is a: 1 2 3 4 5 6 7 8 9 10 (Please Circle)

The complaint came on:	Gradually			Immediately		
It is getting:	Better			Worse	Staying the same	
The Intensity is:	Minimal			Moderate	Severe	
The Frequency is:	Occasional			Frequent	Constant	
Describe the pain:	Sharp	Dull	Achy	Shooting	Burning	Throbbing
		tingling		Spasming		Stiff
Location:	Right		Left	Middle	Both sides	

2. \_\_\_\_\_  
\_\_\_\_\_

Rate your pain: My pain is a: 1 2 3 4 5 6 7 8 9 10 (Please Circle)

The complaint came on:	Gradually			Immediately		
It is getting:	Better			Worse	Staying the same	
The Intensity is:	Minimal			Moderate	Severe	
The Frequency is:	Occasional			Frequent	Constant	
Describe the pain:	Sharp	Dull	Achy	Shooting	Burning	Throbbing
		Tingling		Spasming		Stiff
Location:	Right		Left	Middle	Both sides	

3. \_\_\_\_\_  
\_\_\_\_\_

Rate your pain: My pain is a: 1 2 3 4 5 6 7 8 9 10 (Please Circle)

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