



Hoffman Chiropractic  
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 (512) 346-5164

## CHIEF COMPLAINT WORKSHEET

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

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Last occurrence? \_\_\_\_\_ Aggravation/Relief Factors \_\_\_\_\_

Symptoms changing? Better/Worse \_\_\_\_\_ Interference w/Home or Work? \_\_\_\_\_

2. This condition is the result of an Accident/Automobile Accident/On the job injury/Repetitive Usage/Other

3. Who else have you seen for this condition? (List most current first)

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

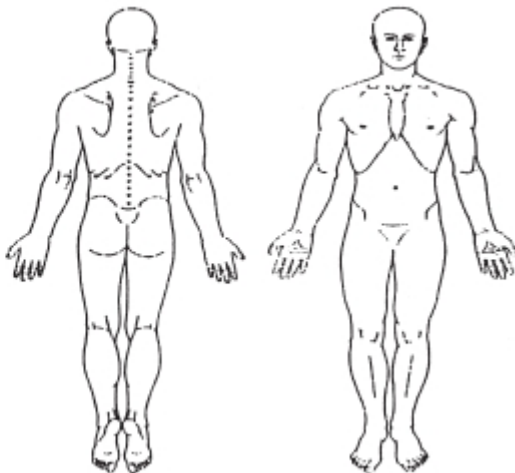
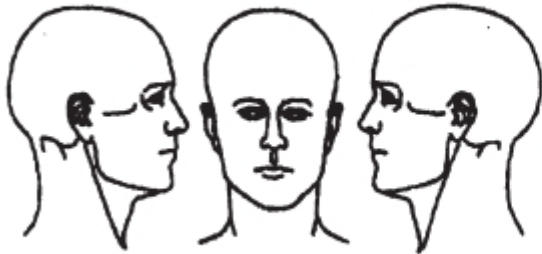
4. What medications are you currently taking, including over the counter drug and vitamins?

Name of Drug	Dosage	Conditions Used For	Date Started

5. On a scale from 0-10, 0 being no pain, 10 being worst; rate the severity of your condition



6. 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 \_\_\_\_\_