**ADDITIONAL PROBLEM AREAS (4-6)**

**4a. Where is your FOURTH problem area located:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cervical (neck): \_\_\_\_left side \_\_\_ right side \_\_\_upper neck \_\_\_lower neck

Thoracic (mid back): \_\_\_\_left side \_\_\_ right side \_\_\_between shoulders

Lumbar (lower back): \_\_\_\_left side \_\_\_ right side \_\_\_tailbone area

Upper Extremity Problem: \_\_\_\_shoulder- left / right \_\_\_ elbow- left / right

\_\_\_\_wrist- left / right \_\_\_\_ hand- left / right \_\_\_ hip- left / right

\_\_\_\_ knee- left / right \_\_\_\_ ankle- left / right \_\_\_ foot- left / right

 **b.** **When did the FOURTH problem start:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe onset of problem: \_\_\_ acute (new) \_\_\_chronic (always there) \_\_\_\_gradual

What is the cause of the problem: \_\_\_unknown \_\_\_accident \_\_\_other

Have you had prior problem here: \_\_\_ none \_\_\_\_on & off for years \_\_\_ yes, but not for years

 **c. Description of FOURTH problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe your problem: \_\_\_\_improving \_\_\_\_getting worse \_\_\_\_no change

If the problem has changed, how: \_\_\_\_gradually \_\_\_\_slowly \_\_\_\_slightly

Quality of pain: \_\_\_achy \_\_\_\_burning \_\_\_\_dull \_\_\_\_sharp \_\_\_\_stiff \_\_\_throbbing

Description of problem: \_\_\_\_mild \_\_\_\_moderate \_\_\_\_severe

On scale from 1-10, with 1 being mild and 10 being severe, what is your pain? \_\_\_\_\_\_\_\_

Is problem: \_\_\_constant \_\_\_\_frequent \_\_\_\_intermittent \_\_\_\_occasional

How often do you have the problem: \_\_\_\_daily \_\_\_weekly \_\_\_comes & goes \_\_\_always

Does the pain radiate? If yes, where: \_\_\_head \_\_neck \_\_\_shoulder/arm- left / right

When is problem the worse: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

When is problem better: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

What makes the problem worse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes the problem better: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any: \_\_numbness \_\_spasms \_\_weakness If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5a. Where is your FIFTH problem area located: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Cervical (neck): \_\_\_\_left side \_\_\_ right side \_\_\_upper neck \_\_\_lower neck

Thoracic (mid back): \_\_\_\_left side \_\_\_ right side \_\_\_between shoulders

Lumbar (lower back): \_\_\_\_left side \_\_\_ right side \_\_\_tailbone area

Upper Extremity Problem: \_\_\_\_shoulder- left / right \_\_\_ elbow- left / right

\_\_\_\_wrist- left / right \_\_\_\_ hand- left / right \_\_\_ hip- left / right

\_\_\_\_ knee- left / right \_\_\_\_ ankle- left / right \_\_\_ foot- left / right

 **b.** **When did the FIFTH problem start:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe onset of problem: \_\_\_ acute (new) \_\_\_chronic (always there) \_\_\_\_gradual

What is the cause of the problem: \_\_\_unknown \_\_\_accident \_\_\_other

Have you had prior problem here: \_\_\_ none \_\_\_\_on & off for years \_\_\_ yes, but not for years

 **c. Description of FIFTH problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe your problem: \_\_\_\_improving \_\_\_\_getting worse \_\_\_\_no change

If the problem has changed, how: \_\_\_\_gradually \_\_\_\_slowly \_\_\_\_slightly

Quality of pain: \_\_\_achy \_\_\_\_burning \_\_\_\_dull \_\_\_\_sharp \_\_\_\_stiff \_\_\_throbbing

Description of problem: \_\_\_\_mild \_\_\_\_moderate \_\_\_\_severe

On scale from 1-10, with 1 being mild and 10 being severe, what is your pain? \_\_\_\_\_\_\_\_

Is problem: \_\_\_constant \_\_\_\_frequent \_\_\_\_intermittent \_\_\_\_occasional

How often do you have the problem: \_\_\_\_daily \_\_\_weekly \_\_\_comes & goes \_\_\_always

Does the pain radiate? If yes, where: \_\_\_head \_\_neck \_\_\_shoulder/arm- left / right

When is problem the worse: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

When is problem better: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

What makes the problem worse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes the problem better: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any: \_\_numbness \_\_spasms \_\_weakness If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6a. Where is your SIXTH problem area located: \_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cervical (neck): \_\_\_\_left side \_\_\_ right side \_\_\_upper neck \_\_\_lower neck

Thoracic (mid back): \_\_\_\_left side \_\_\_ right side \_\_\_between shoulders

Lumbar (lower back): \_\_\_\_left side \_\_\_ right side \_\_\_tailbone area

Upper Extremity Problem: \_\_\_\_shoulder- left / right \_\_\_ elbow- left / right

\_\_\_\_wrist- left / right \_\_\_\_ hand- left / right \_\_\_ hip- left / right

\_\_\_\_ knee- left / right \_\_\_\_ ankle- left / right \_\_\_ foot- left / right

 **b.** **When did the SIXTH problem start:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe onset of problem: \_\_\_ acute (new) \_\_\_chronic (always there) \_\_\_\_gradual

What is the cause of the problem: \_\_\_unknown \_\_\_accident \_\_\_other

Have you had prior problem here: \_\_\_ none \_\_\_\_on & off for years \_\_\_ yes, but not for years

 **c. Description of SIXTH problem: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Describe your problem: \_\_\_\_improving \_\_\_\_getting worse \_\_\_\_no change

If the problem has changed, how: \_\_\_\_gradually \_\_\_\_slowly \_\_\_\_slightly

Quality of pain: \_\_\_achy \_\_\_\_burning \_\_\_\_dull \_\_\_\_sharp \_\_\_\_stiff \_\_\_throbbing

Description of problem: \_\_\_\_mild \_\_\_\_moderate \_\_\_\_severe

On scale from 1-10, with 1 being mild and 10 being severe, what is your pain? \_\_\_\_\_\_\_\_

Is problem: \_\_\_constant \_\_\_\_frequent \_\_\_\_intermittent \_\_\_\_occasional

How often do you have the problem: \_\_\_\_daily \_\_\_weekly \_\_\_comes & goes \_\_\_always

Does the pain radiate? If yes, where: \_\_\_head \_\_neck \_\_\_shoulder/arm- left / right

When is problem the worse: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

When is problem better: \_\_\_morning \_\_\_\_afternoon \_\_\_\_evening \_\_\_\_night

What makes the problem worse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What makes the problem better: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_