



2150 Stadium Drive, Boulder, CO 80309

Please fill out the entire form:

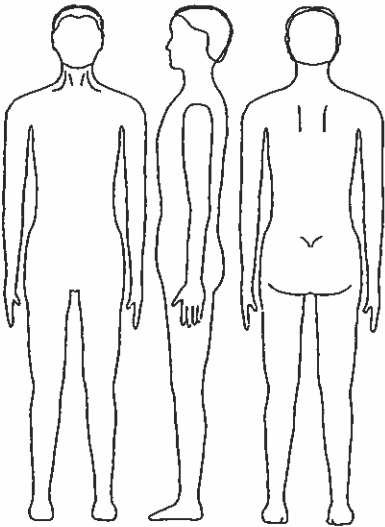
CHIEF COMPLAINT

Date of injury or onset of symptoms: _____

Describe the injury or problem: _____

Pain: (check all that apply) achy burning cramping dull pressure radiating sharp squeezing stabbing throbbing

Using the following scale, please rate how bad your pain is today:



Where is your pain? Mark the drawing.

What makes it better? _____

What makes it worse? _____

Pain at Best: 0 1 2 3 4 5 6 7 8 9 10

Pain at Worst: 0 1 2 3 4 5 6 7 8 9 10

CURRENT SYMPTOMS OR PROBLEMS

Please check any of the following that apply to you:

- Recent weight change
- Fatigue/weakness
- Fever, chills
- Skin rash/disease
- Vision problem/eye disease
- Nose/throat problem
- Hearing problems/ear disease
- Frequent Headaches
- Fainting spells
- Seizures
- Problems with coordination
- Depression
- Thyroid Problems
- Joint stiffness, pain or swelling
- Muscle weakness
- Difficulty in moving an arm or leg
- Irregular heart beat
- Heart Disease
- Swollen legs or feet
- Stomach pain/heartburn
- Ulcers
- Hepatitis or gallbladder disease
- Change in bowel habits (also blood in stools)
- Blood disorder or blood transfusion
- Easy bleeding or bruising
- Kidney disease or kidney stones
- Sexually transmitted disease
- Change in appetite or thirst
- Shortness of breath or wheezing
- Frequent cough
- Change in urinary habits (including pain, blood in urine, trouble stopping/starting your urine)
- Heart Murmur
- Chest pain

