



Lake Michigan Chiropractic, LLC

Kraig Kirkdorfer, DC

Problem Information

Please fill out one Problem Information sheet for each problem area.

Please ask for more sheets if needed.

Chief Complaint					
Rate the severity of your pain on a scale from 1 (least pain) to 10 (severe pain)					
How did your pain begin?					
Date of onset?		Is it constant, or does it come and go?		% of the day you have pain?	
Is the pain radiating?					
If so, please describe					
Please circle the appropriate types of pain:					
dull	sharp	throbbing	burning	deep	aching
tingling	stabbing	cramping	numbness	radiating	
What makes the pain worse?					
sitting	standing	walking	bending	stooping	lifting
sleeping	sneezing	coughing	straining	reaching	twisting
looking up	looking down	movement	rest	lying supine	driving
typing	scooping	house chores	exercise	lying prone	stairs
What relieves the pain?					
sitting	standing	lying	knees bent up	support	
no movement	movement	heat	ice	analgesic	
ibuprofen	medication	rest	stretching/exercise	adjustments	