



Lake Michigan Chiropractic, LLC

Kraig Kirkdorfer, DC

Problem Information

***Please fill out one sheet for each problem area, please ask for additional 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? Approximately what date did this problem begin?					
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	Aching	Stiffness
Tingling	Stabbing	Numbness	Other:		
What makes the pain worse?					
Activity	Bending	Lifting	Standing	Sitting	Temp. Changes
Any/All Movement	Twisting	Stairs	Coughing	Driving	House Work
Looking Up	Looking Down	Lying Down	Sleeping	Reaching	Stress
Computer/Desk Work	Straining	Walking	Yard Work	Other:	
What relieves the pain?					
Cold/Ice	Heat	Increased Activity	Lying Down	OTC Medication	Massage Therapy
Postural Changes	Rest	Stretching	Support Brace	Movement	No Movement
Chiropractic Adjustments	Sitting	Standing	Other:		