

Dr. Scott E Yorker D.C.

**Secondary Complaints**

Secondary Complaint: \_\_\_\_\_

Date of Onset: \_\_\_\_\_ Same / Similar complaints before this episode?  Yes  No

History of Complaint: \_\_\_\_\_

Quality of Pain:  Dull  Sharp  Achy  Shooting  Throbbing  Burning  Numbing  
 Pins and Needles  Stiffness  Cramping  Tightness  Other: \_\_\_\_\_

Frequency:  Constant  Daily  Frequent  Intermittent  Occasional  Other \_\_\_\_\_

Intensity of Pain (1 – 10) 10 = severe: \_\_\_\_\_

Radiation of Pain?  Yes  No

Aggravates:  AM  PM  Bending  Lifting  Twisting  Sitting  Standing  Lying  
 Neck Movement  Getting out of bed  Coughing  Other \_\_\_\_\_

Relieves:  AM  PM  Lying  Walking  Stretching  Massage  Sleeping  Heat  
 Cold  Pain Pills  Other \_\_\_\_\_

Prior treatment for this complaint? \_\_\_\_\_

Is there anything else you would like to tell me: \_\_\_\_\_

Secondary Complaint: \_\_\_\_\_

Date of Onset: \_\_\_\_\_ Same / Similar complaints before this episode?  Yes  No

History of Complaint: \_\_\_\_\_

Quality of Pain:  Dull  Sharp  Achy  Shooting  Throbbing  Burning  Numbing  
 Pins and Needles  Stiffness  Cramping  Tightness  Other: \_\_\_\_\_

Frequency:  Constant  Daily  Frequent  Intermittent  Occasional  Other \_\_\_\_\_

Intensity of Pain (1 – 10) 10 = severe: \_\_\_\_\_

Radiation of Pain?  Yes  No

Aggravates:  AM  PM  Bending  Lifting  Twisting  Sitting  Standing  Lying  
 Neck Movement  Getting out of bed  Coughing  Other \_\_\_\_\_

Relieves:  AM  PM  Lying  Walking  Stretching  Massage  Sleeping  Heat  
 Cold  Pain Pills  Other \_\_\_\_\_

Prior treatment for this complaint? \_\_\_\_\_

Is there anything else you would like to tell me: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature

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