

# QUADRUPLE VISUAL ANALOGUE SCALE

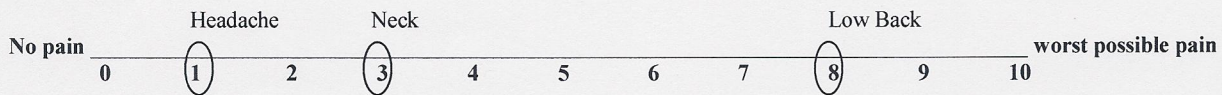
Patient Name \_\_\_\_\_ Date \_\_\_\_\_

**Please read carefully:**

**Instructions:** Please circle the number that best describes the question being asked.

**Note:** If you have more than one complaint, please answer each question for each individual complaint and indicate the score for each complaint. Please indicate your pain level right now, average pain, and pain at its best and worst.

**Example:**



**1 – What is your pain RIGHT NOW?**



**2 – What is your TYPICAL or AVERAGE pain?**



**3 – What is your pain level AT ITS BEST (How close to “0” does your pain get at its best)?**



**4 – What is your pain level AT ITS WORST (How close to “10” does your pain get at its worst)?**



**OTHER COMMENTS:**

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**Please Check All Conditions You Currently Have or Have Had**

**GENERAL APPEARANCE**

- Weight Loss  Weight Gain  Change in Sleeping Patterns  Change in Activity Capacity

**NEUROLOGICAL**

- Anxiety  Headaches  Depression  Meningitis  Paralysis  Seizure  Stroke  Tingling  Tremors  Memory Loss  Fainting spells  
 Dizziness  Head injuries  Blackouts or near blackouts  Change in sensation anywhere on your body  Localized weakness or numbness

**EARS, EYES, NOSE, & THROAT**

- Hay fever  Glaucoma  Polyps  Allergy  Cataracts  Goiter  Hoarseness  Double vision  Gum problems  Eye problems  Ear Infections  
 Glasses/contacts  Hearing Loss  Ear discharge/pain  Frequent nosebleeds  Ringing in your ears  Sinus infections  Swollen glands

**CARDIOVASCULAR**

- Angina  Leg cramps  Ankle swelling  Awakening at night short of breath & getting out of bed  Cardiac catheterization  Cold hands or feet  
 Congenital heart defects  Dizziness when standing up quickly  Heart attacks  Heart failure  High or low blood pressure  Irregular heart rate  
 Purple fingers or lips  Leg pain that resolves with rest  Heart palpitations  Varicose veins  Chest pains  Murmurs

**RESPIRATORY**

- Asthma  Breathlessness when lying flat  Prolonged cough  Coughing up blood  Emphysema  Shortness of breath  Tuberculosis  Pneumonia  
 Frequent infections (bronchitis)  Wheezing  Pleurisy

**SKIN**

- Abscess  Dandruff  Acne  Oily skin  Boils  Rashes  Hives  Dry skin  Lumps  Psoriasis  Jaundice  Athlete's foot  
 Excessive body odor  Excessive sweating  Fungal infections  Nail problems  Moles- irregular  Moles - change/new

**KIDNEYS & URINARY TRACT**

- Blood in urine  Brown urine  Dribbling after urination  Painful urination  Excessive thirst  Involuntary urination/incontinence  Urinating frequently (day)  Urinating frequently (night)  Urine hesitancy  Weak flow  Frequent bladder infections  Kidney disease  Kidney stone

**ENDOCINE**

- Diabetes  Sickle cell  Abnormal body hair  Changes in skin texture  Cold intolerance  Heat intolerance  History of "borderline" diabetes

**MUSCULOSKELETAL**

- Anemia  Arthritis  Back pain  Bursitis  Gout  Joint aches  Neck pain  Tendinitis  Abnormal Blood Counts  Blood clots in legs/lungs  Bone Marrow Biopsy  Easy Bleeding  Easy bruising  Joint swelling  Morning stiffness  Muscle aches

**GASTROINTESTINAL**

- Diarrhea  Reflux  Ulcers  Hepatitis  Abdominal pain  Anal fissures  Black tarry stools  Vomiting blood  Constipation  Nausea  Problems swallowing  Hiatal Hernia  Intestinal obstruction  Liver disease  Hemorrhoids  Red blood after bowel movements  Gallstones  Vomiting  Heartburn  Indigestion

**MALE & FEMALE**

- Painful sexual intercourse  Loss of sexual interest  Unprotected sex  Groin itching  Sexually transmitted diseases

**MALES ONLY**

- Hernia  Sterility  Bloody ejaculation  Inability to complete intercourse  Lump on testicle  Penile discharge  Problems maintaining or keeping an erection  Prostate disease  Sores on penis or warts  Testicular pain  Testicular swelling

**FEMALES ONLY**

- D & C  Hot flashes  Hernia  Fibroids  Abnormal bleeding between cycles  Abnormal pap smear  Bleeding after intercourse  Complications w/ pregnancy  PMS  Endometriosis  Heavy bleeding during cycles  Discharge from breast  Ovarian cysts  Pelvic Inflammatory Disease  Postmenopausal symptoms  Vaginal discharge  Vaginal Dryness  Vaginal warts

Not Listed Above: \_\_\_\_\_

Provider's Comments: \_\_\_\_\_

**Comprehensive Medical History**

I have read the above information and certify it to be true and correct to the best of my knowledge, and hereby authorize this office of Chiropractic to provide me with chiropractic care, in accordance with this state's statutes.

Patient or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctors Signature \_\_\_\_\_ Date \_\_\_\_\_

**History Documentation - Review of Systems:**

99202 = P/N for system 99203 = 2-9 systems 99204/99205 = 10 systems