

Symptoms

Patient _____ Date _____ Date of Injury _____

Please fill in all symptoms you currently have that you did not have before the accident.

Orthopedic & Musculoskeletal Symptoms

- "Clunk" sound with neck movements
- Neck pain
- Upper back pain
- Low back pain
- Shoulder pain Left Right
- Upper arm pain Left Right
- Elbow pain Left Right
- Forearm pain Left Right
- Wrist pain Left Right
- Hand pain Left Right
- Hip pain Left Right
- Upper leg pain Left Right
- Knee pain Left Right
- Lower leg pain Left Right
- Ankle pain Left Right
- Foot pain Left Right
- Jaw pain
- Clicking in Jaw
- Pain when chewing
- Face pain
- Chest pain
- Stomach pain
- Bruise to _____
- Scrape/Cut to _____
- Other Symptom _____
- Other Symptom _____

Neurological Symptoms

- Numb/Tingling Arm / Hand L R
- Numb/Tingling Leg / Foot L R
- Weakness Arm / Hand L R
- Weakness Leg / Foot L R

Symptoms Associated with Injuries

- Stiffness or limited movement in joint(s)
- Headaches
- Muscle spasms/sore muscles
- Dizziness, lightheaded, woozy feeling
- Visual disturbances or vision change
- Sleep changes/disruption of patterns
- Pain radiates from one place to another
- Anxiety or nervous when driving
- Irregular Heartbeat or uneven pulse
- Feeling depressed about things
- I am taking the following medications _____

Brain/Neuropsych/MTBI/PTSD Symptoms

- I prefer being alone now (not socializing)
- I am sleepy, tired during day or doze off easily
- Upset stomach, nausea, heartburn or vomiting
- Difficulty concentrating, mind wanders easily
- I get overwhelmed easily
- Mood swings, happy one moment then sad
- Agitation (can't sit still, need to move around)
- Sadness, tearful episodes, crying easily
- Blurry vision, had to get or change glasses
- Asking people to repeat things or hearing problem
- I make wrong turns driving or can't remember time
- I get confused easily or cannot multi-task anymore
- I have difficulty finding some words when talking
- Bright lights bother me
- I cannot pay attention as long as before
- I am eating more or less than normal
- Room spins, lightheaded or woozy feeling
- Balance problems
- I feel like my head is "Foggy"
- I have forgotten computer passwords or ATM PIN
- I have to re-read things to understand what I read
- My thinking is slowed down
- Difficulty with adding/subtracting numbers
- Fear I will never be the same again
- Difficulty learning new things
- Difficulty understanding what people say to me
- Difficulty remembering or memory problems
- Cannot take on any more responsibility
- I can't make decisions as quickly as before
- Loss of libido or lack of sexual desire
- I do not feel as confident of my abilities
- I get panic attacks, fast heartbeat, nervous
- I am more irritable than usual
- Some food or drink tastes "Funny" to me now
- I get frustrated very easily
- Difficulty planning my life or organizing my work
- Flashbacks or frightening thoughts about accident
- I have had bad dreams about the accident
- I avoid places & objects that remind me about it
- I feel emotionally numb-no interest in my hobbies
- I'm feeling strong guilt, worry or depression
- I am having trouble remembering the accident
- I am easily startled since the accident - "jumpy"
- I feel tense or "on edge" most of the time
- I am having difficulty sleeping
- I get angry easily or even yell at people now

Patient Signature _____ Dr. Signature _____