

OPQRST (HISTORY) FORM

NAME _____

DATE _____

SITE: Can you point exactly to where your worst problem is?
Neck, Shldr, Arm, Hand, Mid Back, Low Back, Hip, Leg, Foot (RIGHT LEFT BOTH)

RADIATING: The more severe the nerves are damaged, the further the pain travels from the source of the problem. Does the pain radiate anywhere?
shoulder, arm, wrist, hand, hip, leg, knee, feet, ribs (RIGHT LEFT BOTH)
other _____

ONSET: Depending on how subluxations end up crushing the nerves, the body can feel many different ways. Did this pain come on SUDDENLY or GRADUALLY?

About how long have you had this problem? _____ DAYS, WEEKS, MONTHS, YEARS

QUALITY: Subluxations can result in different types of feelings in the body. Would you describe your pain as BURNING, DULL, ACHING, SHARP, STABBING, NUMBING, TINGLING, COLD OR HOT? _____

TIMING: Sometimes Subluxations can be aggravated at certain times of the day. Do you notice that it is worse in the MORNING, AFTERNOON OR EVENING?

PROVOCATIVE: Subluxations can be aggravated by certain activities and increase pain. What are some of the things you do which make this feel worse? overhead lifting, computer work, turning head, twisting, standing from sitting, bending, sitting, standing, lifting, up/down stairs, walking, reaching, laying down, other _____

About how many minutes/pounds before it starts to hurt _____ minutes/ pounds

What are some of the things you do which make this feel better? Ice, heat, rest, massage, stretching, lying down, standing, sitting, other _____

What are some of the normal everyday things that the pain prevents or makes it harder for you to do? Turn Head, Sleep, Use Phone, Drive, Cook, Wash Dishes, Sit, Stand, Bend, Lift, Up/Down Stairs, Twist, Walk, Reach, Stand from Sitting, Lay Down, _____

OK _____, let me describe back to you what I understand you told me about your problem. (Read Back)

I have one final question for you. If it ends up that your problem is due to subluxations, and we are able to help you, what are some things you cannot do now because of the pain and want to be able to do again?

Is there any additional information you would like the Doctor to know?
