

## CURRENT COMPLAINTS

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please indicate the current complaints you are experiencing by marking the areas on the image below and providing details using the sections that follow.

- Headaches
- Neck
- Upper back
- Mid Back
- Lower Back
- Hip
- Buttock
- Shoulder
- Arm
- Elbow
- Forearm
- Wrist
- Hand
- Fingers
- Leg
- Knee
- Calf
- Shin
- Ankle
- Foot
- Toes
- Chest
- Ribs
- Abdomen
- Pelvis/Groin

