

*Bryant Chiropractic and Massage*  
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## BASIC EPISODE HISTORY

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

Date of Onset: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Single/Married? Children: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did your current pains begin?

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What areas are you currently having pain? Please describe the pain  
(dull/sharp/aching/numb/burning/stabbing/radiating/shooting/etc SEPARATELY).

Area 1: \_\_\_\_\_

Area 2: \_\_\_\_\_

Area 3: \_\_\_\_\_

Area 4: \_\_\_\_\_

What kind of care have you had from the time of injury until now for each area?

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Has anything helped/worsened the pain?

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What activities are painful to perform? (circle and number the circle for all that apply)

Sitting / Walking / Standing / Bending / Lying Down

Does the pain interfere with:      WORK / SLEEP / DAILY ROUTINE

How frequent is your pain?	Area1	Area2	Area3	Area4
<b>INTERMITTENT</b> (less than 25% waking hours)	_____	_____	_____	_____
<b>OCCASIONAL</b> (25% to 50% of waking hours)	_____	_____	_____	_____
<b>FREQUENT</b> (50% to 75% of waking hours)	_____	_____	_____	_____
<b>CONSTANT</b> (75% to 100% of waking hours)	_____	_____	_____	_____

Pain is: \_\_\_\_\_ Area1 Area2 Area 3 Area4

**Worsening:** \_\_\_\_\_

**Same:** \_\_\_\_\_

**Improving:** \_\_\_\_\_

Have you had any injury aggravations, re-injuries or complicating new injuries?

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Have you had a history of current complaints before?

SIGNATURE: \_\_\_\_\_