

Subjective Data :

| Chief Complaints : | Origination : | Severity : | Pain Type : | Pain Intensity | Problem Side |
|---------------------------------|-------------------------------------|--------------------------|------------------|-------------------|---------------------|
| <i>List New Symptoms Below:</i> | S sudden G gradual | moderate sev = severe | | 10 = Worst | Left / Right |
| Headache (ex-ample) | S / G | mild / mod / sev | Throbbing | 10 8 6 4 2 | R / L / Both |
| 1. | S / G | mild / mod / sev | | 10 8 6 4 2 | R / L / Both |
| 2. | S / G | mild / mod / sev | | 10 8 6 4 2 | R / L / Both |
| 3. | S / G | mild / mod / sev | | 10 8 6 4 2 | R / L / Both |
| 4. | S / G | mild / mod / sev | | 10 8 6 4 2 | R / L / Both |
| 5. | S / G | mild / mod / sev | | 10 8 6 4 2 | R / L / Both |

Condition List :

| | | | |
|---|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Collagen vascular disease | <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Paralysis |
| <input type="checkbox"/> Alcohol/drug addiction | <input type="checkbox"/> Constipation | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Pneumonia |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Prostate problems |
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Digestive Disorders | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Reflux/ulcers |
| <input type="checkbox"/> Arteriosclerosis | <input type="checkbox"/> Dizziness | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Eating disorder | <input type="checkbox"/> Joint/back pain | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Kidney infections | <input type="checkbox"/> Seizures/epilepsy |
| <input type="checkbox"/> Backaches | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney stones | <input type="checkbox"/> Sexual dysfunction |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Liver disease/problems | <input type="checkbox"/> Sickle cell |
| <input type="checkbox"/> Blood clots | <input type="checkbox"/> Female Health Challenges | <input type="checkbox"/> Lung disease | <input type="checkbox"/> Sinus Trouble |
| <input type="checkbox"/> Blood transfusions | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Measles | <input type="checkbox"/> Stress/Tension |
| <input type="checkbox"/> Blurred Vision | <input type="checkbox"/> Gallbladder disease | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Genital Herpes | <input type="checkbox"/> Mental disorder | <input type="checkbox"/> Suicidal tendencies |
| <input type="checkbox"/> Broken bones | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Migraines | <input type="checkbox"/> Thyroid disease |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Gluten Intolerance | <input type="checkbox"/> Miscarriage | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Goiter | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Tumors |
| <input type="checkbox"/> Cataracts | <input type="checkbox"/> Gout | <input type="checkbox"/> Neck Pain | <input type="checkbox"/> Ulcers |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Headaches | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Urine discoloration |
| <input type="checkbox"/> Cold Sores | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Night Sweats | <input type="checkbox"/> Vertigo |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Heart Disease/Attacks | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Whooping Cough |