



ORLANDO INJURY MEDICINE

933 LEE ROAD, SUITE 225 ORLANDO, FL 32810

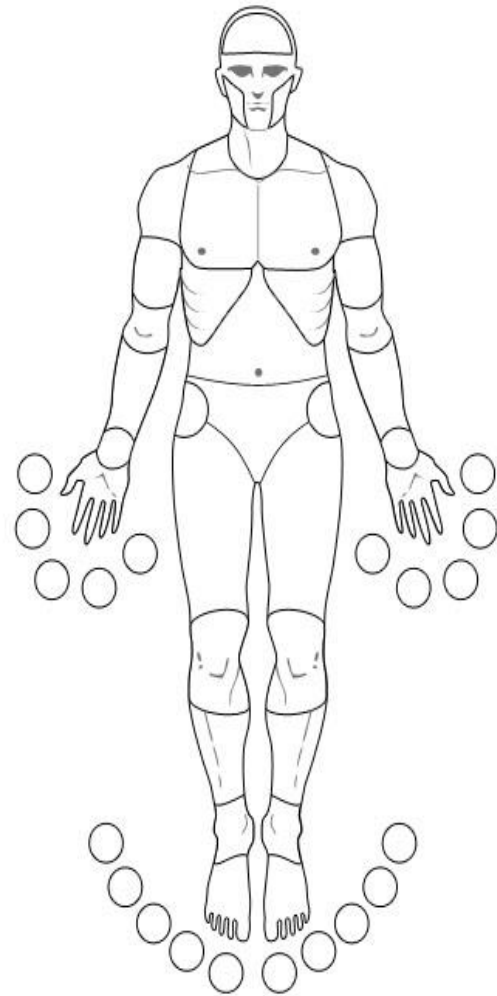
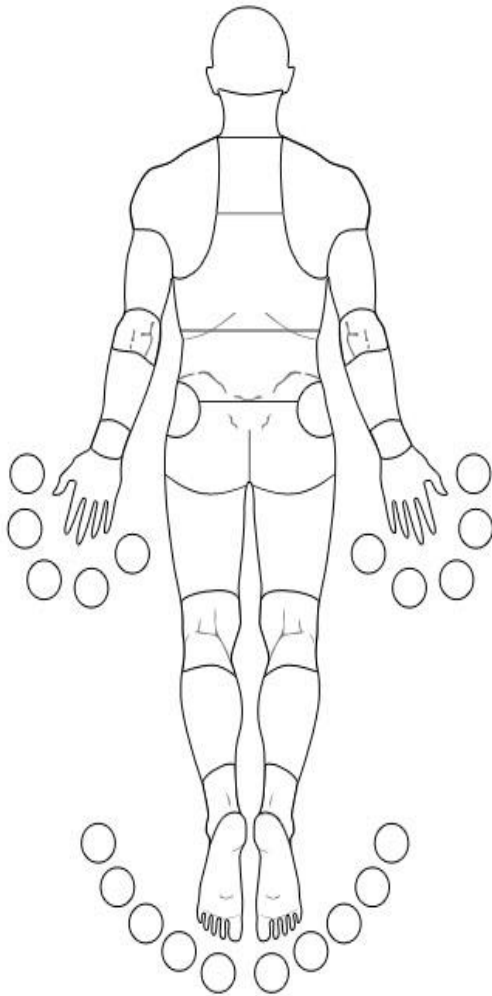
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CURRENT COMPLAINTS

Patient 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.



1. Headaches
2. Neck
3. Upper back
4. Mid Back
5. Lower Back
6. Hip
7. Buttock
8. Shoulder
9. Arm

10. Elbow
11. Forearm
12. Wrist
13. Hand
14. Fingers
15. Leg
16. Knee
17. Calf
18. Shin

19. Ankle
20. Foot
21. Toes
22. Chest
23. Ribs
24. Abdomen
25. Pelvis/Groin